



# Participating Retailer Certification Form

## Instructions for Participating Retailer:

- ✓ Please ensure that this Certificate is complete, including all signatures; otherwise it is invalid and no payment will be made.
- ✓ Attach the approved Rebate Voucher form.
- ✓ Provide digital color photos of the old hearth appliance and the newly installed appliance (after installation).
- ✓ Attach a copy of the customer invoice which must show any retailer/manufacture discounts.
- ✓ Attached a completed W-9 Form (Request for Taxpayer Identification Number and Certification)
- ✓ You must remove the door of all stoves turned in for recycling. The delivery of the old appliance to a recycling facility is your responsibility.
- ✓ **Submit all items to: Dona Wininsky, Wood Stove Exchange Program Coordinator, The American Lung Association in Wisconsin, 13100 W. Lisbon Rd., Suite 700, Brookfield, WI 53005. [Dona.Wininsky@Lung.org](mailto:Dona.Wininsky@Lung.org)**

## Information to be Completed by Homeowner:

Homeowner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Incentive: General Residential  Income Qualified

Total Cost of New Appliance (Including Installation): \$ \_\_\_\_\_

Amount Paid by Homeowner: \$ \_\_\_\_\_

Voucher #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount of Voucher Applied: \$ \_\_\_\_\_

Name of Participating Retailer: \_\_\_\_\_

### Old Non-EPA Certified Wood Burning Appliance

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Location /room from which old appliance was removed and description of appliance: \_\_\_\_\_

### New EPA Certified Appliance

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Type of Fuel: Wood  Pellet  Gas  Other:  \_\_\_\_\_

***I hereby certify that I am satisfied with the services rendered by the Participating Retailer and that they provided me with the instructions on how to use my new appliance. I agree to hold The American Lung Association of the Upper Midwest and Wisconsin Public Service Corporation harmless from any dispute arising from the relationship between myself, the Participating Retailer, and/or the installer.***

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Information to be Completed by Participating Retailer and Recycling Facility:**

**Installation**

Name of Certified Installer: \_\_\_\_\_

Installer's Certification or License #: \_\_\_\_\_

**Participating Retailer: *I hereby certify to The American Lung Association of the Upper Midwest ("ALAUM") that the information contained on the Certification form is accurate and complete; that I have met all the requirements of a Participating Retailer of the Program in order to receive reimbursement from the ALAUM; and that the stove identified above was rendered inoperable and was surrendered to the recycler below.***

Name of Participating Retailer: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Recycler: *I hereby certify that the stove identified above has been delivered with the doors removed and will be recycled.***

Name of Recycling Facility: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_