

TO BE FILLED OUT BY METRO VANCOUVER

Tracking number: MV _____

Metro Vancouver
4515 Central Boulevard, Metrotower III
Burnaby, BC V5H 0C6

CWSRP@metrovancover.org

Community Wood Smoke Reduction Program

IMPORTANT NOTICE

To be eligible for a rebate the Applicant must live in the Metro Vancouver region, and the residence where the exchange is taking place must also be within the Metro Vancouver region.

PART 1: APPLICANT DETAILS

(To be completed by applicant)

Date _____

Name _____

Address of installation

Customer address (IF DIFFERENT FROM INSTALLATION)

City _____

City _____

Postal code _____

Postal code _____

Telephone _____

E-mail _____

Please complete the Community Wood Smoke Reduction Program Survey [here](#).

Please select if you self-identify as Indigenous and currently reside in a First Nation Community.



NOTE: FUNDING FOR THE PROGRAM IS LIMITED AND APPLICATIONS ARE PROCESSED ON A FIRST COME FIRST SERVED BASIS.

PLEASE BE ADVISED THAT WOOD BURNING APPLIANCES MAY BE SUBJECT TO FURTHER RESTRICTIONS IN THE FUTURE.

I AGREE TO IDEMNIFY AND SAVE HARMLESS METRO VANCOUVER REGIONAL DISTRICT, ITS ELECTED AND APPOINTED OFFICIALS, OFFICERS, EMPLOYEES, AGENTS, FROM AND AGAINST ALL CLAIMS, LIABILITIES, DEMANDS, ACTIONS, PROCEEDINGS, LOSSES AND EXPENSES (INCLUDING LEGAL COSTS) WHATSOEVER FOR DAMAGE TO OR DESTRUCTION OR LOSS OF PROPERTY AND LOSS OF USE THEREOF AND INJURY TO OR DEATH OF ANY PERSON OR PERSONS ARISING DIRECTLY OR INDIRECTLY AS A RESULT OF THE PROVINCIAL COMMUNITY WOOD SMOKE REDUCTION PROGRAM.

Applicant Signature _____

CLEAN AIR PLEDGE

(To be completed by applicants who will continue to use a certified wood-burning appliance)

I pledge to **burn smart** and help keep the air clean in my neighbourhood.



For applicants who will be using a certified wood-burning appliance, please provide an estimate of cords of wood used annually (full cord = 4 ft x 8ft x 4 ft): _____

PART 2: RETAILER DETAILS

(To be completed by the participating retailer)

REMOVED Uncertified Wood-Burning Appliance: Make _____

Model _____ Serial # _____

NEW Replacement Wood-Burning Appliance (select the appliance installed):

Certified Wood-Burning Appliance	
Heat Pump	Wood Stove Wood Insert Wood Furnace
Make _____	Make _____
Model _____	Model _____
Serial # _____	Serial # _____
AHRI # _____	WETT Inspection # _____
Electric Insert	
Make _____	Make _____
Model _____	Model _____
Serial # _____	Serial # _____
WETT Inspection # _____	

Application is for the bounty option ONLY and not installing a new appliance

APPLICATION STEPS & SUPPORTING DOCUMENTATION CHECKLIST

Remove Uncertified Wood-Burning Appliance

Include pictures of the appliance "before" and "after" removal.

Demolish OR Recycle the Removed Wood-Burning Appliance

Provide pictures showing the removal of the appliance door, the bludgeoned door hinges, hinge mechanisms, and the flue collar. **For fireplaces**, remove the firebrick OR

Provide recycling receipt copy. Receipt must show that the recycled appliance was a wood-burning appliance.

Purchase and Install the Eligible Replacement Appliance

Include the receipt of the new appliance from the participating retailer.

Include pictures showing the new appliance installation.

Participating Retailer Company Name: _____

Name of person completing the form (retailer representative): _____

Date: _____ Signature: _____

Submit the application package (application form and supporting documentation) to CWSRP@metrovancover.org