



2024-26 BCAA Wood Stove
RECYCLE AWARD form
FOR HOMEOWNER USE ONLY

BCAA Approval #

Qualifications for Program:

1. Have an **uncertified** woodstove (Must have a woodstove that is **NOT** compliant with **2020 New Source Performance standards**)
2. Must certify that you burn at least **two cords** of wood annually with the woodstove
3. You must reside within Benton County and pay taxes in Benton County
4. Device must be in working order and can be installed/uninstalled for the reward
 - a. Indoor barrel stoves and trash burners are **not** eligible for reward

Instructions for Homeowners:

1. **Take a photo of old device IN ITS PLACE OF USE.**
2. **Complete this Form and return it to BCAA at the email provided or by mailing address below.** You will receive notification of acceptance or denial.
3. After receiving notification of acceptance into the Recycle Award Program, proceed with the following:
4. Recycle the device and **TAKE A PHOTO AT METAL RECYCLER *with the door removed*** and have recycler complete destruction form (page 2 here)
5. Return this completed form, attaching:
 - a. Two photos of old device
 - i. In its original place of use
 - ii. At the metal recycler with the door removed
 - b. Signed copy of this Certificate of Destruction
 - c. Completed IRS W-9 form
6. Return completed form and all attachments to BCAA by email contact@bentoncleanair.org or mailing:
BCAA, Attn: Recycle Program, 526 S. Steptoe St, Kennewick, WA 99336

Homeowner Information:

Name (Print): _____

Phone: _____

Address: _____

RECYCLE AWARD OF \$400.00

Make and Model no. of device to be removed: _____

Must burn at least two cords annually to qualify

How many cords of wood do you burn per year? _____

I do hereby certify that all information on this application is, to the best of my knowledge, accurate and complete.

Homeowner signature: _____ Date: _____

FOR BCAA USE ONLY: _____ Recycle Approved _____ Recycle Denied
Recycle Approved or denied by: _____
Signature: _____
Date: _____

Certificate of Destruction (the recycler must sign):

Recycler:

I certify that the device identified above will be destroyed, useable only as scrap.

Name of recycler: _____

Address of recycler: _____

Recycler Signature: _____ Date: _____

Printed Name: _____

Scrap Metal Weight: _____

Certification of Destruction #: _____

Homeowner Name: _____

<u>FOR BCAA USE ONLY:</u>
Recycle Completion Approved by: _____
Signature: _____
Date: _____