



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. You must reside within Benton County and pay taxes in Benton County
3. Device must be in working order and can be installed/uninstalled for the reward
  - a. Indoor barrel stoves, pellet stoves, and trash burners are **not** eligible for reward

**Instructions for Homeowners:**

1. **Take a photo of old device with the door removed and of the placard certification (if applicable).**
2. **Complete this Form, an IRS W-9 Form and return them both 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
6. Return completed form and all attachments to BCAA by email [contact@bentoncleanair.org](mailto: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:** \_\_\_\_\_

**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: \_\_\_\_\_

**FOR BCAA USE ONLY:**

Recycle Completion Approved by: \_\_\_\_\_

Signature: \_\_\_\_\_

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