



Clean HEET Program



CONTRACTOR CERTIFICATION FORM

PROJECT NUMBER: _____

This form must be completed and signed by each contractor who performed work for the project listed above.
The Property Owner must submit a copy of this signed form along with their request for reimbursement.

PART 1: CONTRACTOR BUSINESS INFORMATION

Business name:		Name of contractor(s) who performed work:	
CA contractor license number:	Mailing address:		
City:	State:	ZIP:	
Phone number:	Email address:		

PART 2: PROPERTY WHERE WORK WAS PERFORMED

Property owner name:		
Property address:		
City:	State:	ZIP:

PART 3: TYPE OF WORK PERFORMED (check all that apply)

- Installation of electric heat pump (also must complete Part 4)
- Decommissioning/disposal of existing wood-burning device (also must complete Part 5)
- Decommissioning fireplace associated with wood-burning insert (also must complete Part 5)
- Plumbing Electrical Building permit obtained
- If other, please describe:

Date work started:		Date work was completed:	
Permit Agency Name:	Permit Number:	Date Permit Issued:	
If no permit was required, please provide reason:			

PART 4: HEAT PUMP SPECIFICATIONSType of heat pump (*first device*): Ducted Ductless

Make:

Model:

Coefficient of performance:

Heating seasonal performance factor:

Type of heat pump (*second device, if applicable*): Ducted Ductless

Make:

Model:

Coefficient of performance:

Heating seasonal performance factor:

PART 5: DECOMMISSIONING/DISPOSAL OF WOOD-BURNING DEVICEType of wood-burning device removed (*first device*): Wood Stove Wood-burning Fireplace Insert

Make:

Model:

Type of wood-burning device removed (*second device, if applicable*): Wood Stove Wood-burning Fireplace Insert

Make:

Model:

Description of method used to render wood-burning device(s) permanently inoperable:

For wood-burning fireplace insert projects, description of method used to render fireplace permanently inoperable:

Name of dismantler/recycling facility where wood-burning device(s) was disposed of and date the device was taken to the dismantling yard:

SIGNATURE

I, the Contractor, certify the following:

1. I am a licensed contractor in the State of California, and I performed the work as described above.
2. I understand that the Property Owner will forfeit their award if I provide the Air District with false information.

Contractor Signature:

Date:

Property Owner – Upload a copy of this signed form along with your request for reimbursement.