

## WOOD-BURNING DEVICE REMOVAL VERIFICATION

Return to: Northern Nevada Public Health  
Air Quality Management Division  
1001. E Ninth Street, Suite B171  
Reno, NV 89512

Email: [AQMD-WBD@nnph.org](mailto:AQMD-WBD@nnph.org)

Website: [OurCleanAir.com](http://OurCleanAir.com)

- Application must be filled out completely for **all items that are applicable**
- Uncertified Device must be:
  - **Removed from the property, destroyed\* and recycled if recycling is available; or**
    - Required Documentation - Provide receipt of destruction and/or recycling
  - **Rendered permanently inoperable (provide evidence from the WBD Inspector)**

Seller's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Property Address \_\_\_\_\_

APN / Parcel # \_\_\_\_\_

Title Company \_\_\_\_\_

Escrow # \_\_\_\_\_ Escrow Officer \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**VERIFICATION OF REMOVAL DATE:** \_\_\_\_\_

### WOODSTOVE INFORMATION:

Make \_\_\_\_\_ Model \_\_\_\_\_

Comments \_\_\_\_\_

\* **Destroyed** – means modified in such a manner that the appliance can no longer function as a wood-burning device or easily be remodified to function as a wood-burning device.

### WOOD-BURNING DEVICE INSPECTOR:

Business \_\_\_\_\_

Wood-Burning Device Inspector No. \_\_\_\_\_

I, \_\_\_\_\_ hereby swear (or affirm) under penalties prescribed for perjury in NRS 199.120, that the above information is true and correct of my own knowledge.

### AIR QUALITY MANAGEMENT / PUBLIC HEALTH USE ONLY

Verification Date \_\_\_\_\_ Verified by \_\_\_\_\_  Approved  Denied

Comments \_\_\_\_\_

AWS# \_\_\_\_\_

AIR QUALITY  
MANAGEMENT  
USE ONLY