

Application for Certification of Outdoor Wood-fired Boiler

Vermont Department of Environmental Conservation

Air Quality and Climate Division

Davis Building – 2nd Floor

1 National Life Drive

Montpelier, VT 05620-3802

Applicant: Applicant Name _____
Contact _____ Title _____
Street Address _____
City _____ State/Province _____ Zip _____
Certification to be issued to: _____ Title _____

Device: Brand Name _____
Model Number _____
Has this device been qualified by USEPA? _____ Date _____
Tested Unit: Serial Number _____ Date manufactured _____
Fuel Type _____
Amount of required Remote Water Storage if applicable _____

Test: Testing Laboratory _____
Test Dates _____
Test Location _____
Final Test Report Date _____
Final Test Report Number _____

Required Documents

- Full **final** test report on CD/DVD(preferred), other approved electronic format or hard copy
- Redacted **final** test report on CD/DVD, other approved electronic format or hard copy; all CBI removed
- At least four color photos showing front, back and each side of the device
- Engineering drawings and specifications including overall dimensions, firebox, all combustion chambers, all air flow related equipment (e.g. blowers, dampers and baffles), catalysts, refractory and fuel feed mechanisms.
- Installation and owner's operation and maintenance manual(s) on CD, DVD, other approved electronic format or as hard copy
- "Application for Confidential Treatment of Proprietary Information" (see attached form and instructions)

Certification: I hereby certify that the information provided herein is complete and accurate to the best of my knowledge.

Signature of Authorized Individual

Date

Name and Title of Authorized Individual

Guidelines for completing “Application for Confidential Treatment of Proprietary Information”

Please list each document and the specific pages, chapter, appendices or other subset of information for which CBI is requested.

For each subset of information designated as CBI, indicate whether and how public release of this information would adversely affect the applicant’s competitive position. Please be specific as to how the information would adversely affect the applicant’s competitive position.

The following types of information will **not** be considered Confidential Business Information:

- Final test results contained in the final test report
- Any data or other information necessary for the calculation and determination of test results
- Any information revealed in general sales or promotional materials for the model.
- Any information contained within the redacted (public) version of the test report as submitted.
- Any information generally available to the public

Vermont Agency of Natural Resources
Department of Environmental Conservation
Air Quality and Climate Division

Application for Confidential Treatment of Proprietary Information

In accordance with 10 V.S.A. §563, I hereby apply for confidential treatment of the records or information described below. I understand that, in order to receive confidential treatment for this information, I must demonstrate to the satisfaction of the Secretary that the information, or parts thereof, relates to production or sales figures or processes or production unique to the applicant (i.e., trade secrets) or that the information would tend to affect adversely the applicant's competitive position. I understand that information contained in this application is not subject to public disclosure, whether or not the Secretary finds that the claimed information merits confidential treatment.

1. Name of facility seeking confidential treatment of proprietary information:
2. Mailing address:
3. Facility owner and operator:
4. Length of time for which confidential treatment is requested:
5. Please state specifically the records or portions of records for which confidential status is sought and the particular trade secrets or other information claimed to be entitled to confidential treatment. Please indicate whether and how public release of this information would adversely affect the applicant's competitive position. If additional space is necessary, or if additional documentary material is submitted, please use the back of this application or attach separate sheets to this application.

Certification: I hereby certify that the information provided herein is complete and accurate to the best of my knowledge.

Signature of Authorized Individual

Date

Name and Title of Authorized Individual