



ADEC NOASH and Stage 1 Waiver Pre-Application

In order to qualify for a NOASH and/or Stage 1 waiver, the Alaska Department of Environmental Conservation (ADEC) requires an applicant to verify that they have inquired with the Fairbanks North Star Borough (FNSB) to determine if they may qualify for the FNSB's enhanced voluntary removal, replacement and repair program (known as the "change-out program" or "WSCOP"). The waiver applicant must complete the "PRIOR to FNSB review" portion of this form. This information will enable the FNSB to complete their portion of the form and return it to applicant. The applicant will then finish by completing the "AFTER FNSB review" for verification of change out program options and submit with waiver application to ADEC. If unable to submit this document by email at aqip@fnsb.us, a hardcopy can be mailed to FNSB Air Quality, 3175 Peger Rd, Fairbanks, AK 99709.

NOTE: ADEC NOASH OR STAGE 1 WAIVER APPLICATION DOES NOT REQUIRE PARTICIPATION IN THE WSCOP.

The following information is necessary for the FNSB to determine eligibility for its programs (this information must match the application used for the waiver):

-----To be filled in by waiver applicant **PRIOR** to FNSB review-----

Name: _____ Phone#: _____
Mailing Address: _____ Email: _____
Property address where appliance is located: _____
Are you the legal owner(s) of the property? YES NO (Only legal owner(s) of the property can apply for change out program)
Type of appliance (circle): wood stove pellet stove hydronic heater fireplace other: _____
Manufacturer of appliance: _____ Manufactured Date: _____
Model: _____

I understand that: (Initial each statement)
____ The options presented by FNSB are based on a preliminary determination, subject to additional requirements;
____ This document is not an application to the FNSB change out program; and,
____ This document does not guarantee approval for any of the FNSB checked options below.

By signing below, I attest that all information provided is true and accurate to the best of my knowledge.

Waiver applicant signature: _____ Date: _____
Printed Name: _____

-----To be filled in by FNSB Change-Out Program Staff -----

Replacement Appliance Options	Replacement Appliance Options	Other Available Options:
<input type="checkbox"/> Natural Gas/Propane	<input type="checkbox"/> Emergency Power Back-up	<input type="checkbox"/> Appliance Removal only
<input type="checkbox"/> Home Heating Oil	<input type="checkbox"/> Electric	(without replacement)
<input type="checkbox"/> Cert. Catalytic Wood Stove	<input type="checkbox"/> Hot Water District Heat	<input type="checkbox"/> Appliance Repair
<input type="checkbox"/> Pellet Stove / HH		

FNSB AQ Program Staff Signature: _____ Date: _____
Program Staff Printed Name: _____

-----To be filled in by waiver applicant **AFTER** FNSB review-----

I have reviewed the options presented to me by the FNSB. I have chosen to (check one):
____ Not to participate in the Change Out Program
____ I will apply to the Change Out Program, but wish to continue to apply for a waiver

Waiver applicant signature: _____ Date: _____
Printed Name: _____