



City of Albuquerque  
Environmental Health Department  
Air Quality Program

Dear Wood Burning Exemption Applicant:

Please complete the form on the reverse side of this letter. Remember to attach any supporting documents you may need to justify your exemption request, and mail the completed application and attachments to:

Wood Burning Exemption Request  
Air Quality Program  
P.O. Box 1293  
Albuquerque, NM 87103  
Attn: Tony Romero, Field Operations Officer

If you need assistance in completing this form or have any questions concerning the wood burning regulation and its exemptions, please call (505) 768-1972 or (505) 768-2482 TTY. Applicant must submit a new application each year.

**NOTICE TO PERSONS WITH DISABILITIES:** If you have a disability and require special assistance to complete this form or understand the applicable regulation, please call (505) 768-1972 (Voice) or (505) 768-2482 (TTY). All public documents, including this form, can be provided in various accessible formats with reasonable notice.

Thank you.

**EXEMPTION REQUEST  
FORM  
20.11.22 NMAC, WOOD BURNING**

P.O. Box 1293  
ALBUQUERQUE, NM 87103  
(505) 768-1972 VOICE  
(505) 768-1977 FAX  
(505) 768-2482 TTY

APPLICANT NAME: \_\_\_\_\_

PHYSICAL ADDRESS OF THE WOOD BURNING  
APPLIANCE:

MAILING ADDRESS (IF DIFFERENT):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DAYTIME TELEPHONE: \_\_\_\_\_

NIGHT TELEPHONE: \_\_\_\_\_

MESSAGE TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**REASON FOR EXEMPTION REQUEST: (INDICATE ONE)**

**WOOD BURNING AS YOUR ONLY SOURCE OF HEAT.** A sole source exemption if the Director determines that a solid fuel heating device is the sole source of heat for the building in which it is situated. New sole source exemptions shall not be issued after December 31, 1990 unless approved in writing by the Director for good cause. Sole source exemptions issued prior to December 31, 1990 may be renewed annually.

**EXEMPTION FOR MEDICAL REASONS.** APPLICANTS APPLYING FOR A MEDICAL EXEMPTION MUST ATTACH A LETTER FROM YOUR HEALTH CARE PROVIDER PRESCRIBING WOOD HEAT FOR A BONA FIDE MEDICAL CONDITION. YOUR HEALTH CARE PROVIDER MUST STATE WHAT HEATING ALTERNATIVES, OTHER THAN WOOD BURNING, WERE CONSIDERED AND THE REASON NOT SELECTED. ECONOMIC NEED WILL NOT BE A CONSIDERED SINCE THE APPLICANT HAS THE OPPORTUNITY TO APPLY FOR AN EXEMPTION BASED ON ECONOMIC NEED.

**TEMPORARY EXEMPTION TO REPAIR OR REPLACE A HEATING SYSTEM.** A temporary exemption for a specified period in the event of failure of the oil, natural gas, electricity or propane heating system. An exemption may include conditions, which will be established by the Director and will be stated in the exemption.

**LOW INCOME EXEMPTION.** IF YOU QUALIFY FOR FOOD STAMPS, LOW INCOME ENERGY ASSISTANCE PROGRAM, OR MEDICAID, YOU MAY BE ELIGIBLE FOR AN EXEMPTION. AT THE TIME OF APPLICATION, THE APPLICANT MUST PROVIDE THE DEPARTMENT WITH A COPY OF A RECENT BENEFITS AWARDS LETTER (COPIES OF EBT CARDS WILL NOT BE ACCEPTED), OR A LETTER FROM THE NEW MEXICO STATE HUMAN SERVICES DEPARTMENT STATING ELIGIBILITY. IF APPROVED, THE EXEMPTION WILL BE FOR THE PHYSICAL ADDRESS LISTED ON THE BENEFITS LETTER. IF YOUR MAILING ADDRESS IS DIFFERENT THAN YOUR PHYSICAL ADDRESS WHERE THE WOOD BURNING APPLIANCE IS LOCATED, THE APPLICANT MUST PROVIDE ADEQUATE PROOF, SUCH AS A COPY OF A DRIVER'S LICENSE, UTILITY BILL, ETC., THAT DOCUMENTS THE APPLICANT LIVES AT THE PHYSICAL ADDRESS INDICATED ON THE APPLICATION.

**CHECK ALL THAT APPLY:**

RESIDENCE

BUSINESS

RENT

OWN

**CERTIFICATION:**

I AM REQUESTING AN EXEMPTION FROM AIR QUALITY CONTROL BOARD REGULATION 20.11.22 NMAC, WOOD BURNING, TO USE MY WOOD BURNING APPLIANCE DURING DECLARED "NO BURN" PERIODS IN THE WOOD SMOKE IMPACT AREA WITHIN BERNALILLO COUNTY. I CERTIFY THAT I QUALIFY FOR THE EXEMPTION REQUESTED ABOVE AND THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I FURTHER UNDERSTAND AND AGREE TO ALLOW THE ALBUQUERQUE ENVIRONMENTAL HEALTH DEPARTMENT TO VERIFY ALL APPLICABLE CLAIMS MADE ON THIS APPLICATION.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**DEPARTMENT USE ONLY:**

APPROVED

DENIED: \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

ENTERED: \_\_\_\_\_