



Application Form
Maryland Freedom Fleet Voucher Program
Larry Hogan, Governor
Boyd K. Rutherford, Lt. Governor
Mary Beth Tung, Director

Please Fill Out Form Electronically, Print, Sign and Return/Email to MEA.

All Required Fields on this Form Must be Filled Out Completely.

Incomplete or Illegible Applications Will Be Returned To The Primary Point of Contact; No Exceptions.

A. Applicant Information (Vehicle Dealer- PPC): Please use legal company name as identified on company W-9 form. Voucher agreements will be mailed to contact and address indicated below. If the signatory authority contact and address differs from information presented below, please indicate as such when submitting application.

PPC Information	Company Name		First Name		Last Name		Federal Tax ID #	
	Phone				Email			
Address Information	Mailing Address				Suite/Apt/Bldg			
	City			State		Zip		Plus 4

B. Motor Carrier Information (MC): Please use legal MC name as identified on MC W-9 form. Address should reflect location where vehicles will be housed.

Motor Carrier Information	Motor Carrier Name		First Name		Last Name		Motor Carrier USDOT/MDDOT #		
	Federal Tax ID #		Phone		Email				
	Mailing Address				Suite/Apt/Bldg				
	City			State		Zip		Plus 4	
	U.S Congressional District		State Legislative District		County				

If You Do Not Know Your Zip Plus 4 Code Look Up Here: <http://zip4.usps.com/zip4/welcome.jsp>

If You Do Not Know Your Congressional or Maryland Legislative District Look Up Here: <http://mdelect.net>

C. Vehicle Information

Vehicle Information	Vehicle Technology		Manufacturer		Make		Model		Model Year		
	Number of vehicles		(B1) Base Vehicle Cost \$ (per vehicle)		(B2) Incremental Vehicle Cost \$** (per vehicle)			(B3) Total Cost \$ Per Vehicle (B1+B2)			
	Gross Vehicle Weight		Estimated Vehicle Miles (Annual)			<input type="checkbox"/> New Vehicle Purchase		<input type="checkbox"/> Existing Vehicle Retrofit			
	Lease Vehicle: Yes or No			Estimated MPG of Comp. Vehicle with Comp. Duty Cycle in Fleet				Comp. Vehicle Fuel Source			

**Incremental Cost: Alternative Technology/Retrofit Cost



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Application Acknowledgement Page

A. Applicant- PPC

I solemnly affirm under penalties of law that I am authorized to make representations of behalf of the Applicant (PPC), that the contents of the foregoing application are true to the best of my knowledge, information and belief. I acknowledge that MEA or an authorized representative may contact me in the future regarding program satisfaction as well as general Vehicle information as it relates to the program . Further, I acknowledge I must submit a "7 Day Form", "30 Day Form" and "Reimbursement Completion Form" along with all required supporting documentation to MEA within 120 days of voucher award notice. A "120 Day Extension Form" must be submitted if vehicle delivery does not occur within 120 days of receiving a Voucher Confirmation Letter.

Print Name	Print Title
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Date

B. Motor Carrier

I solemnly affirm under penalties of law that I am authorized to make representations of behalf of the Motor Carrier , that the contents of the foregoing application are true to the best of my knowledge, information and belief. I acknowledge that MEA or an authorized representative may contact me in the future regarding driving & overall technology satisfaction. Further, I acknowledge I must continue to own/lease/operate the applied for vehicle for a period of 3 years and submit quarterly vehicle mileage & fuel consumption reports to the Maryland Energy Administration (MEA) for a period of 3 years.

Print Name	Print Title
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Date

Submit this application to:
-Attention- Freedom Fleet Voucher Program
Maryland Energy Administration
1800 Washington Boulevard, Suite 755
Baltimore, MD 21230