

**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 |
|------------|-------------|

|      |
|------|
| 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 |
|------------|-------------|

|      |
|------|
| Date |
|------|

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