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| **Section 1 – Applicant Information (System Owner)** |
| **First Name** (As shown on your Income Tax Return) | **Middle Initial**(If used on Tax Return) | **Last Name**(As shown on your Income Tax Return) |
| Click or tap here to enter text. | Click/tap | Click or tap here to enter text. |
| Email Address | Phone Number |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Installation Address | City | State | Zip Code |
| Click or tap here to enter text. | Click or tap here to enter text. | MD | Click/tap |
| County | Congressional District\* | MD Legislative District\* |
| Choose an item. | Choose an item. | Choose an item. |
| *\*Find Maryland Congressional and Legislative Districts at* [*https://www.mdelect.net*](https://www.mdelect.net) |
| Mailing Address (If different from Installation Address) | City | State | Zip Code |
| Click or tap here to enter text. | Click or tap here. | Choose | Click/tap |
| Primary Point of Contact | [ ]  Applicant [ ]  Contractor |
| **Section 2 – Clean Burning Stove Information (One stove per application)** |
| Clean Burning Stove Type | System Capacity (Btu/hr) | Total System Cost | Rebate Amount\*\* |
| [ ]  Pellet Burning Stove | Click/tap | Btu/hr | Click/tap | Choose |
| [ ]  Wood Burning Stove | Click/tap | Btu/hr | Click/tap | Choose |
| Stove Manufacturer | Click or tap here to enter text. | Gram/hr\*\*\* | Click/tap |
| Model | Click or tap here to enter text. | EPA Efficiency Rating | Click/tap % |
| *\*\*Stoves with an EPA-published efficiency rating will receive the higher award.**\*\*\*Grams of particulate matter emitted per hour. Pellet stoves cannot emit more than 2.0 Grams/hr, and wood stoves cannot emit more than 3.0 Grams/hr.* |
| **Section 3 – Applicant Signature – CAREFULLY READ THE STATEMENTS BELOW BEFORE SIGNING** |
| I affirm under penalties of law that: 1. A qualified clean energy system has been installed on the installation property specified in Section 1 of this Residential Clean Energy Rebate Application for wood and pellet stoves. 2. I am a legal resident of the State of Maryland. 3. I own the property for which I am applying and it is my primary residence. 4. If the property is held in trust: I attest that the trust is revocable and I have the right to remove the property from the trust. 5. I have complied with all state laws, local ordinances and other legally binding requirements. 6. The contents of this application are true to the best of my knowledge, information and belief. 7. I have read and agree to the terms outlined in the Residential Clean Rebate Program Terms and Conditions. |
| **Print Full Name (As shown on your Income Tax Return)** | OFFICIAL USE ONLY |
| D13 | 03 | 512SA | 1299 |  |
| Click or tap here to enter text. | AGENCY | FUND | PCA | SUB-OBJ | FY |
| **Social Security Number (REQUIRED to issue payment)** |  |  |
| Click or tap here to enter text. | SSN | AMOUNT |
|  | MEA- |  |
| **Handwritten Signature** | PM INIT | MEA INVOICE NUMBER | DATE RECEIVED |
| **X** |  |  |
| MEA APPROVAL | FINANCIAL ADM APPROVAL |
| **PLEASE NOTE:****Your application is not valid unless signed.** | DATE: |  |
| POSTED: |  |

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| **Section 4 – Permitting & Installation Information** |
| State the Permitting Authority (County or Municipality having jurisdiction) and applicable permit numbers and dates of final inspections below: |
| Circle Y or N: | **Final** Inspections: |
| Required? | Permitting Authority | **Building** Permit Number | Date **Passed** |
| Y / N | Click or tap here to enter text. | Click/tap to enter text. | Click/tap to enter text. |
| Required? | Permitting Authority | **Electrical** Permit Number | Date **Passed** |
| Y / N | Click or tap here to enter text. | Click/tap to enter text. | Click/tap to enter text. |
| Required? | Permitting Authority | **HVAC/Mech** Permit Number | Date **Passed** |
| Y / N | Click or tap here to enter text. | Click/tap to enter text. | Click/tap to enter text. |
| Required? | Permitting Authority | **Plumbing** Permit Number | Date **Passed** |
| Y / N | Click or tap here to enter text. | Click/tap to enter text. | Click/tap to enter text. |
|  |
| Project Installation Information |
| Project Start Date | Project Completion Date | Total Person Hours Worked |
| Click/tap to enter text. | Click/tap to enter text. | Click/tap to enter text. |
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| **Section 5 – Installation Contractor Information (to be obtained from Contractor)** |
| ***MEA strongly encourages the Applicant to use a contractor who is National Fireplace Institute (NFI) certified. Installers must have a Maryland Home Improvement Commission (“MHIC”) license.***Please enter the information for the installation contracting company which installed the clean energy system in the section below. Contractors **must be incorporated or registered to do business in the State of Maryland, possess all licenses and certifications required by all applicable Federal, State, and local laws, regulations, and other legally-binding requirements and be in Good Standing with the Maryland State Department of Assessments and Taxation.** By signing the Application in Section 3, you are attesting that the following information about the installation contractor is true and correct to the best of your knowledge, information, and belief.*If the stove was self-installed, write “Self” under the Company Name and leave remaining areas blank.* |
| Company Name | License Type | MHIC License Number |
| Click/tap to enter text. | Click/tap to enter text. | Click/tap to enter text. |
| Name of Contact Person | Title of Contact Person |
| Click/tap to enter text. | Click/tap to enter text. |
| Company Phone Number | Contact Person’s Email Address |
| Click/tap to enter text. | Click/tap to enter text. |
| Company Street Address | City | State | Zip Code |
| Click/tap to enter text. | Click/tap to enter text. | Choose | Click/tap |