



# Commercial Application Form

Maryland Electric Vehicle Supply Equipment Rebate Program

Lawrence J. Hogan, Jr., Governor

Boyd K. Rutherford, Lt. Governor

Mary Beth Tung, Director

**Please Fill Out Form Electronically, Print, Sign and Return 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

Grant Applicant	Company Name		First Name		Last Name		EIN #	
	Phone				Email			
Mailing Address	Mailing Address				Suite/Apt/Bldg			
	City			State		Zip		
	Congressional District		Legislative District		County			

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

## B. System Information

System Technology				Rebate 1			
EVSE Manufacturer		EVSE Level (Choose 1)		EVSE Model			
(B1) EVSE Equipment Cost \$	(B2) EVSE Installation Cost \$	(B3) Total EVSE Cost \$ (B1+B2)	(B4) Multiply B3 by 0.40	(B5) Rebate Amount (Lesser of \$4,000 or B4)			
Installation Address			Suite/Apt/Bldg				
City			State		Zip		
MD							
Congressional District		Legislative District		County			
Access		Hours of operation		Accepted Payment Methods			

## Rebate 2

EVSE Manufacturer		EVSE Level (Choose 1)		EVSE Model			
(B1) EVSE Equipment Cost \$	(B2) EVSE Installation Cost \$	(B3) Total EVSE Cost \$ (B1+B2)	(B4) Multiply B3 by 0.40	(B5) Rebate Amount (Lesser of \$4,000 or B4)			
Installation Address			Suite/Apt/Bldg				
City			State		Zip		
MD							
Congressional District		Legislative District		County			
Access		Hours of operation		Accepted Payment Methods			



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Print Form

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Rebate 3

EVSE Manufacturer		EVSE Level (Choose 1)		EVSE Model	
(B1) EVSE Equipment Cost \$	(B2) EVSE Installation Cost \$	(B3) Total EVSE Cost \$ (B1+B2)	(B4) Multiply B3 by 0.40	(B5) Rebate Amount (Lesser of \$4,000 or B4)	
Installation Address			Suite/Apt/Bldg		
City			State	Zip	
			MD		
Congressional District		Legislative District		County	
Access		Hours of operation		Accepted Payment Methods	

Rebate 4

EVSE Manufacturer		EVSE Level (Choose 1)		EVSE Model	
(B1) EVSE Equipment Cost \$	(B2) EVSE Installation Cost \$	(B3) Total EVSE Cost \$ (B1+B2)	(B4) Multiply B3 by 0.40	(B5) Rebate Amount (Lesser of \$4,000 or B4)	
Installation Address			Suite/Apt/Bldg		
City			State	Zip	
			MD		
Congressional District		Legislative District		County	
Access		Hours of operation		Accepted Payment Methods	

- Check this box if applicable**  
Stations located in Multi-Unit Housing Development (apartments, condominiums, homeowners associations etc)
- Check this box if applicable**  
Stations located at employer workplace
- Check this box if applicable**  
I am applying for more than 4 rebates at this time, attached is a **EVSE Form A**

**Applicants must attach copies of the following documents to this application, failure to do so will result in an incomplete application:**

1. Photo copy of a paid invoice, receipt or equivalent proof of payment for EVSE equipment
2. Photo copy of a paid invoice, receipt or equivalent proof of payment for EVSE installation
3. Photo of installed EVSE (to include plugged-in equipment)

### C. Applicant Signature

I solemnly affirm under penalties of law that I am an authorized representative of the Applicant with authority to sign this application on behalf of the applicant and bind the applicant to all of the terms and conditions associated with this program, including those set forth in Maryland Code, Section 9-20B-11 of the State Government Article, that to the best of my knowledge, the charging station that is the subject of this application was installed in accordance with all applicable laws, regulations and permitting requirements and is operational, that there are no false statements in any application or other materials submitted to MEA, and that no false statements have been made in order to influence any action by MEA on this application. I solemnly affirm that I have reviewed program guidelines and terms and conditions. I acknowledge that MEA or an authorized representative may contact me in the future regarding driving & charging behavior as well as overall electric drive satisfaction.

Print Name

Date Signed

Signed By \_\_\_\_\_