



Residential Application Form

Maryland Electric Vehicle Supply Equipment Rebate Program 2.0

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	First Name		Last Name		Social Security Number	
	Phone Number			Email		
Install Address (No PO Boxes)	Installation Address				Suite/Apt/Bldg	
	City		State	Zip	Plus 4	
	Congressional District	Legislative District		County		
Mailing Address (Only If Different)	Mailing Address				Suite/Apt/Bldg	
	City		State	Zip	Plus 4	
	Congressional District	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>

B. Electric Vehicle Supply Equipment (EVSE) Information

System Technology (Limit One Per Individual)

EVSE Manufacturer		EVSE Level (Select one)		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 \$700 or B4)	

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 copy of electrical permit
4. Photo of EVSE installation

C. Applicant Signature

I solemnly affirm under penalties of law, 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 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
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Signed By _____

OFFICIAL USE ONLY				
AGENCY	FUND	PCA	SUB-OBJ	FY
SSN		AMOUNT		
PM INIT	MEA INVOICE NUMBER	DATE RECEIVED		
MEA APPROVAL		FINANCIAL ADM APPROVAL		

OFFICIAL USE ONLY	DATE: _____
	POSTED: _____

Submit this application and the required supporting documentation as soon as possible to:

-Attention- EVSE Rebate Program 2.0
Maryland Energy Administration
1800 Washington Boulevard, Suite 755
Baltimore, MD 21230