

Maryland Solar Access Program Third-Party Authorization Form

The Third-Party Authorization Form (“Form”) is required if a solar photovoltaic company (third-party contractor) is applying to the Maryland Solar Access Program (“MSAP”) on behalf of its Customer (Maryland Resident).

Applicants must certify to the best of their knowledge that the information provided in the Application submission and all the attachments are complete, accurate, and true. Applicants must certify that third parties are authorized to submit the Application on behalf of the customer and agree to the terms and conditions stated below. Applicants must further certify that third parties are authorized to receive the award for a completed application.

“I” and “My” mean and refer to the individual and collectively the customer of the address where the installation is taking place.

“Third Party” means individually and collectively the third parties (including their employees, contractors, subcontractors, agents, successors, and assigns) identified below.

1. Submission of an application does not guarantee the applicant will receive a reservation of funds or an award.
2. MEA requires applicants to submit personal information that provides proof of the applicant’s identity, household income, and state residence before issuing a Step 1 Reservation for Funds. Applicants have the right to inspect, amend, or correct personal records created by MEA containing such personal information. MEA, subject to the Maryland Public Information Act, does not share personal information with any other entity.
3. MEA and its representatives, subject to the Maryland Public Information Act and other applicable laws, will not disclose confidential financial or commercial information or trade secrets.
4. Applicants should identify information that contains trade secrets or confidential financial or commercial information.
5. It is within MEA’s sole discretion to determine if an application to the Maryland Solar Access Program is eligible for an award.
6. Program-specific requirements are subject to change.

Option to Assign Point of Contact and Award Payment to Third Party

A Customer may authorize a Third Party to perform activities associated with the MSAP on their behalf. Specifically:

- Filing MSAP applications
- Transmitting and receiving correspondence, authorizations, and approvals as required for MSAP applications (this includes information regarding the system specifications, system financing, household income levels, contractual documentation, personal identifying information, etc.)
- Receiving award funds

NOTE: The MSAP payment will be made to the Customer unless the Customer and Third Party

complete the section below to assign the payment to the Third Party.

*Providing any name other than that associated with a government-issued ID will severely delay the process of grant payments. If the funding recipient has processed a legal name change within the past 12 months, please contact the program inbox at SolarAccess.MEA@Maryland.gov for more information.

Customer and Third-Party

Please select from the options below:

- I authorize the third party to submit an application to the MSAP for both Step 1 Reservation of Funds and Step 2 Completion Certificate.
- I authorize the third party to receive the funds from the award.
If so, both the Customer and Third Party must sign in the Authorizing Signatures section, below. Both Customer and Third Party understand and agree that if this option is selected the check will be issued to the Third Party named below at the address listed below and that MEA is not responsible for any tax liabilities that may be associated with the award payment.
- I self-attest my household income meets the eligibility requirements posted in the Program Funding Opportunity Announcement for the Maryland Solar Access Program.
- I authorize the third party to share my household income to determine program eligibility.
- I authorize the third party to share my personal identifying information to receive the award payment.

Third-Party Contact Information

Business Name: _____

Business Email: _____ Business Phone: _____

Representative Name: _____

Representative Email: _____ Representative Phone: _____

Customer Contact Information:

Customer Name: _____

Customer Email: _____ Customer Phone: _____

Authorizing Signatures

Representative Signature: _____ Date: _____

Customer Signature: _____ Date: _____