



Residential 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	First Name		Last Name		Social Security Number
	Phone Number			Email	
Install Address (No PO Boxes)	Installation Address				Suite/Apt/Bldg
	City		State	Zip	
	Congressional District		Legislative District	County	
Mailing Address (Only If Different)	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. Electric Vehicle Supply Equipment (EVSE) Information

Limit One Per Individual per Property

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 of Installed EVSE (to include plugged-in EVSE equipment)

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 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
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Signed By _____

OFFICIAL USE ONLY				
D13	03	522SV	1298	22
AGENCY	FUND	PCA	SUB-OBJ	FY
SSN		AMOUNT		
MEA				
PM INIT	MEA INVOICE NUMBER		DATE RECEIVED	
MEA APPROVAL		FINANCIAL ADM APPROVAL		
OFFICIAL USE ONLY		DATE: _____ POSTED: _____		