



Commercial Application Form

Maryland Electric Vehicle Supply Equipment Rebate Program

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 (as it appears on the Form W9)

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		

System Technology			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		



Commercial Application Form

Maryland Electric Vehicle Supply Equipment Rebate Program

Print Form

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		
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		
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**
Stations support fleet electric vehicles
- Check this box if applicable**
I am applying for more than 4 rebates at this time, attached is an **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)**
4. **Copy of the Applicant's Form W9**

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 _____