



Commercial Application Form

Maryland Electric Vehicle Supply Equipment Rebate Program

Wes Moore, Governor

Aruna Miller, Lt. Governor

Paul G. Pinsky, Director

For Electronic Submission Instructions, See the Funding Opportunity Announcement (FOA) on the MEA Website.

All Fields on this Form Are Required Unless Indicated Otherwise.

Incomplete or Illegible Applications Will Be Returned To The Primary Point of Contact; No Exceptions.

A. Applicant Information (as it appears on the IRS W-9 Form)

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

Costs must directly attribute to the site design, charger equipment, installation, labor, permitting, site preparation, upgrade for utility connections, signage, and equipment necessary to implement and operate the EVSE. Taxes, shipping costs, and credit card payment convenience fees are ineligible for inclusion in the rebate calculation.

Rebate 1	EVSE Manufacturer		EVSE Level (Choose 1)			EVSE Model		
	(B1) EVSE Cost (Charger Only)	(B2) EVSE Installation Cost	(B3) Total EVSE Cost (B1+B2)		(B4) Multiply B3 by 0.50	(B5) Rebate Amount (Lesser of \$5,000 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 Cost (Charger Only)	(B2) EVSE Installation Cost	(B3) Total EVSE Cost (B1+B2)		(B4) Multiply B3 by 0.50	(B5) Rebate Amount (Lesser of \$5,000 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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Rebate 3	EVSE Manufacturer		EVSE Level (Choose 1)		EVSE Model	
	(B1) EVSE Cost (Charger Only)	(B2) EVSE Installation Cost	(B3) Total EVSE Cost (B1+B2)	(B4) Multiply B3 by 0.50	(B5) Rebate Amount (Lesser of \$5,000 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 Cost (Charger Only)	(B2) EVSE Installation Cost	(B3) Total EVSE Cost (B1+B2)	(B4) Multiply B3 by 0.50	(B5) Rebate Amount (Lesser of \$5,000 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 are located in Multi-Unit Housing Development (apartments, condominiums, homeowners associations, etc).

Check this box if applicable

Stations are located at an 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**, with all rebates included on the form.

Applicants must attach copies of the following documents to this application. Failure to do so will result in an incomplete application:

1. Copy of a paid invoice, receipt, or equivalent proof of payment for EVSE
2. Copy of a paid invoice, receipt, or equivalent proof of payment for EVSE installation
3. Photo of installed EVSE (to include plugged-in equipment as applicable)
4. Copy of the Applicant's IRS W-9 Form (<https://www.irs.gov/forms-pubs/about-form-w-9>)

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.

OFFICIAL USE ONLY				
D13	03	522SV	1298	25
AGENCY	FUND	PCA	SUB-OBJ	FY
Federal ID No.			AMOUNT	
MEA				
PM INIT	MEA INVOICE NUMBER		DATE RECEIVED	
MEA APPROVAL		FINANCIAL ADM APPROVAL		

Print Name

Date Signed

Signature