



Residential 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

Rebate Applicant	First Name		Last Name		Social Security Number	
	Phone Number			Email		
Install Address (No PO Boxes)	Installation Address				Suite/Apt/Bldg	
	City			MD	State	Zip
	Congressional District		Legislative District		County	
	Mailing Address				Suite/Apt/Bldg	
Mailing Address (Only if Different)	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

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

Costs must directly attribute to the charger equipment, installation, labor, permitting, site preparation, 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.

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 EVSE equipment as applicable)
4. IRS W-9 Form (<https://www.irs.gov/forms-pubs/about-form-w-9>)

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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Signature

OFFICIAL USE ONLY				
D13	03	522SV	1298	24
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: _____		