



MassEVIP: Fleets

Electric Vehicle and Level 2 Charging Station Requisition Form

Please use this form to indicate the Electric Vehicle(s) and Level 2 Charging Station that you will be acquiring through MassEVIP.

<u>Vehicle(s) and Level 2 Charging Station OWNER Information (Grantee):</u>			
<u>Entity :</u>		<u>Contact Person:</u>	
<u>Address:</u>		<u>E-Mail:</u>	
<u>City, State, Zip :</u>		<u>Phone Number:</u>	

VEHICLE INFORMATION

Please specify below the Electric Vehicle(s) you will be acquiring along with the corresponding vendor information.

<u>VEHICLE 1:</u> Please Select: <input type="checkbox"/> Battery Electric OR <input type="checkbox"/> Plug-In Hybrid Please Select: <input type="checkbox"/> Purchase OR <input type="checkbox"/> Lease DELIVERY DATE: _____ PRICE \$ _____					
<u>Make:</u>		<u>Model:</u>		<u>Model Year:</u>	
<u>Vendor Name:</u>		<u>Vendor Contact:</u>		<u>Contact Phone:</u>	

VEHICLE 2: Please Select: <input type="checkbox"/> Battery Electric OR <input type="checkbox"/> Plug-In Hybrid					
Please Select: <input type="checkbox"/> Purchase OR <input type="checkbox"/> Lease					
DELIVERY DATE: _____ PRICE \$ _____					
<u>Make:</u>		<u>Model:</u>		<u>Model Year:</u>	
<u>Vendor Name:</u>		<u>Vendor Contact:</u>		<u>Contact Phone:</u>	

VEHICLE 3: Please Select: <input type="checkbox"/> Battery Electric OR <input type="checkbox"/> Plug-In Hybrid					
Please Select: <input type="checkbox"/> Purchase OR <input type="checkbox"/> Lease					
DELIVERY DATE: _____ PRICE \$ _____					
<u>Make:</u>		<u>Model:</u>		<u>Model Year:</u>	
<u>Vendor Name:</u>		<u>Vendor Contact:</u>		<u>Contact Phone:</u>	

VEHICLE 4: Please Select: <input type="checkbox"/> Battery Electric OR <input type="checkbox"/> Plug-In Hybrid					
Please Select: <input type="checkbox"/> Purchase OR <input type="checkbox"/> Lease					
DELIVERY DATE: _____ PRICE \$ _____					
<u>Make:</u>		<u>Model:</u>		<u>Model Year:</u>	
<u>Vendor Name:</u>		<u>Vendor Contact:</u>		<u>Contact Phone:</u>	

VEHICLE 5: Please Select: <input type="checkbox"/> Battery Electric OR <input type="checkbox"/> Plug-In Hybrid					
Please Select: <input type="checkbox"/> Purchase OR <input type="checkbox"/> Lease					
DELIVERY DATE: _____ PRICE \$ _____					
<u>Make:</u>		<u>Model:</u>		<u>Model Year:</u>	
<u>Vendor Name:</u>		<u>Vendor Contact:</u>		<u>Contact Phone:</u>	

LEVEL 2 CHARGING STATION INFORMATION

Please specify below the Level 2 Charging Station you will be purchasing along with the corresponding vendor information. (NOTE at least ONE Battery Electric vehicle must be purchased to receive the incentive for the Level 2 Charging Station)

Model Type:		Model #:	
Installation Location:			
Address		City/Town:	
Installation Date:			
<u>Level 2 Charging Station Vendor Information:</u>			
Company:		Contact Person:	
Address:		E-mail:	
City, State, Zip:		Phone Number:	
<u>Level 2 Charging Station Costs:</u>			
Total Equipment: \$ _____		Total Installation: \$ _____	
		TOTAL COST: \$ _____	

MassDEP requests that you submit all invoices associated with electric vehicle and electric vehicle charging station projects once completed, including installation. We are gathering this information, especially the costs associated with installation of charging stations, to get an idea of the overall costs of these systems.

I affirm that the vehicle(s) and the Level 2 Charging Station have met all the conditions required by the MassDEP Electric Vehicle Incentive Program. I affirm that the vehicle(s) referred to in this Requisition Form will operate in the Commonwealth for at least the next three (3) years and will be in service at the Grantee's facility. Additionally, the Level 2 Charging Station referred to in this Requisition Form is to be placed in a location accessible by the general public. Furthermore, I agree to abide by all of the Terms and Conditions as stated in the attached End User Agreement. MassEVIP allows up to 180 days from the execution of the end user agreement to complete the acquisition of the vehicle(s) and electric charging station.

Grantee Signature

Date

Please return the completed form to
MassDEP
Ms. Sejal P. Shah
One Winter Street, 6th Floor
Boston, MA 02108