



## Massachusetts Electric Vehicle (EV) Charging Station Program Application Instructions

Please follow these instructions to complete the attached Eversource EV Charging Station Program Application.

### Section 1: Applicant Information

#### Customer responsible for Payment of Monthly Electric Bills (Company or Organization)

Enter full name of Customer

#### Existing Eversource Electric Account Number

If you are an existing Eversource electric customer, please provide an appropriate Corporate electric account number.

#### Fed Tax ID#:

Enter your organization's Federal Tax ID #. Enter 99-9999999 if you do not have a Federal Tax ID#

#### Corporate Address, City, Zip Code and Phone

Please provide Corporate contact information here.

#### Contact Person Name, Phone, email

Enter the name and information of the primary contact representing your organization for this program application. The contact person should be the primary contact for our Account Executives as part of the Charging Station Program

#### Eversource Account Executive (optional)

If you have been in contact with an Eversource Account Executive on the Charging Station Program, please put their names here.

### Section 2: Site Information

#### Site Description

Briefly describe the site where you are looking to deploy charging stations through the Charging Station Program. Please include Latitude/Longitude coordinates if possible. If you have a sketch of the site plan, you can attach that as well.

#### Site Address, City, State and Zip Code

Please provide Site locational information here.

#### Tax Assessor Parcel #: (optional)

Enter the number of the designated parcel assigned by the tax assessor of your local jurisdiction.

#### Total Parking Spaces at Site

Enter the total parking capacity for light-duty vehicles at the Site. This includes parking spaces reserved spaces and those for specific uses (visitor, tenants/residents, fleet, employee/contractor).

#### Number of Charging Ports Desired at Site

The number of charging ports you would like to have at the site. Generally speaking, 1 port = 1 parking space.

#### Existing Eversource Electric Account Number at Site (if any)

If there is an electric account number specific to the site, enter it here.

#### What is the primary utilization for the requested charging ports (select one)

Please select the option that best describes the primary use type of the charging station site.

#### Proposed Charging Station Location Type: (select one)

Please select the option that best describes the parking lot type.

#### Does the site have access restrictions that require scheduling visits by Eversource or its contractors? If yes, please describe.

Indicate if Eversource representatives or contractors can freely access the site including parking spaces. There may need to be multiple visits to determine proper siting of charging station infrastructure through the Charging Station Program. If yes is selected, we will schedule all site visits with the listed contact person.

### **Section 3: Property Owner Contact Information**

#### **Does Applicant have legal ownership of the site?**

If the Customer listed in Section 1 has legal ownership of the site, select “yes”. This will complete this section.

If the Customer listed in Section 1 does not have legal ownership of the site, select “no” and fill out the remainder of this section.

### **Section 4: Other Information**

#### **AHJ (Authority Having Jurisdiction) for the Site**

Enter the name of the city, county or special entity that issues building construction permits for the site. Enter N/A if you are a governmental agency with no AHJ.

### **Section 5: Signatures**

If the applicant is not the property owner, the property owner is also required to sign the application.

Upon completion of the document, please scan and send it to the email address below with the subject  
EV Charging Station Program Application: **EVCharging@eversource.com**

You will receive correspondence that your application has been received along with further instructions.

## MASSACHUSETTS APPLICATION FOR EV CHARGING STATION PROGRAM

### SECTION 1: APPLICANT INFORMATION

Customer Responsible for Payment of Monthly Electric Bills (Company or Organization):					
Existing Eversource Electric Account Number:				Fed Tax ID #:	
Corporate Address:		City:	State:	ZIP Code:	Corporate Phone:
Contact Person's Name:	Contact Person's Phone:	Contact Person's Email:		Eversource Account Executive (optional):	

### SECTION 2: SITE INFORMATION

Site Description: Please briefly describe the site. If you have drawings of the site plan, please attach them to this document.

Site Address:		City:	State:	ZIP Code:
Tax Assessor Parcel #:	Total Parking Spaces at Site:	Number of Charging Ports Desired at Site:	Existing Electric Eversource Account Number on site (If any):	
What is the primary utilization for the requested Charge Ports? (select one)				
<input type="checkbox"/> Workplace	<input type="checkbox"/> Multi-Unit Dwelling (Apartment, Townhouse, Condo)	<input type="checkbox"/> Fleet	<input type="checkbox"/> Destination Parking (Public Lots)	
Proposed Charging Station Location Type: (Select one)				
<input type="checkbox"/> Grade Level Parking Lot	<input type="checkbox"/> Above Grade Multi-Story Parking Structure	<input type="checkbox"/> Subterranean Parking Structure	<input type="checkbox"/> Other	
Does the site have access restrictions that require scheduling visits by Eversource or its contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:				
Charging station vendor you are currently working with (if any):				

### SECTION 3: PROPERTY OWNER CONTACT INFORMATION

Does Applicant have legal ownership of the site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please indicate Property Owner name:		
Property Owner Address:		Phone:
City:	State:	ZIP Code:

### SECTION 4: OTHER INFORMATION

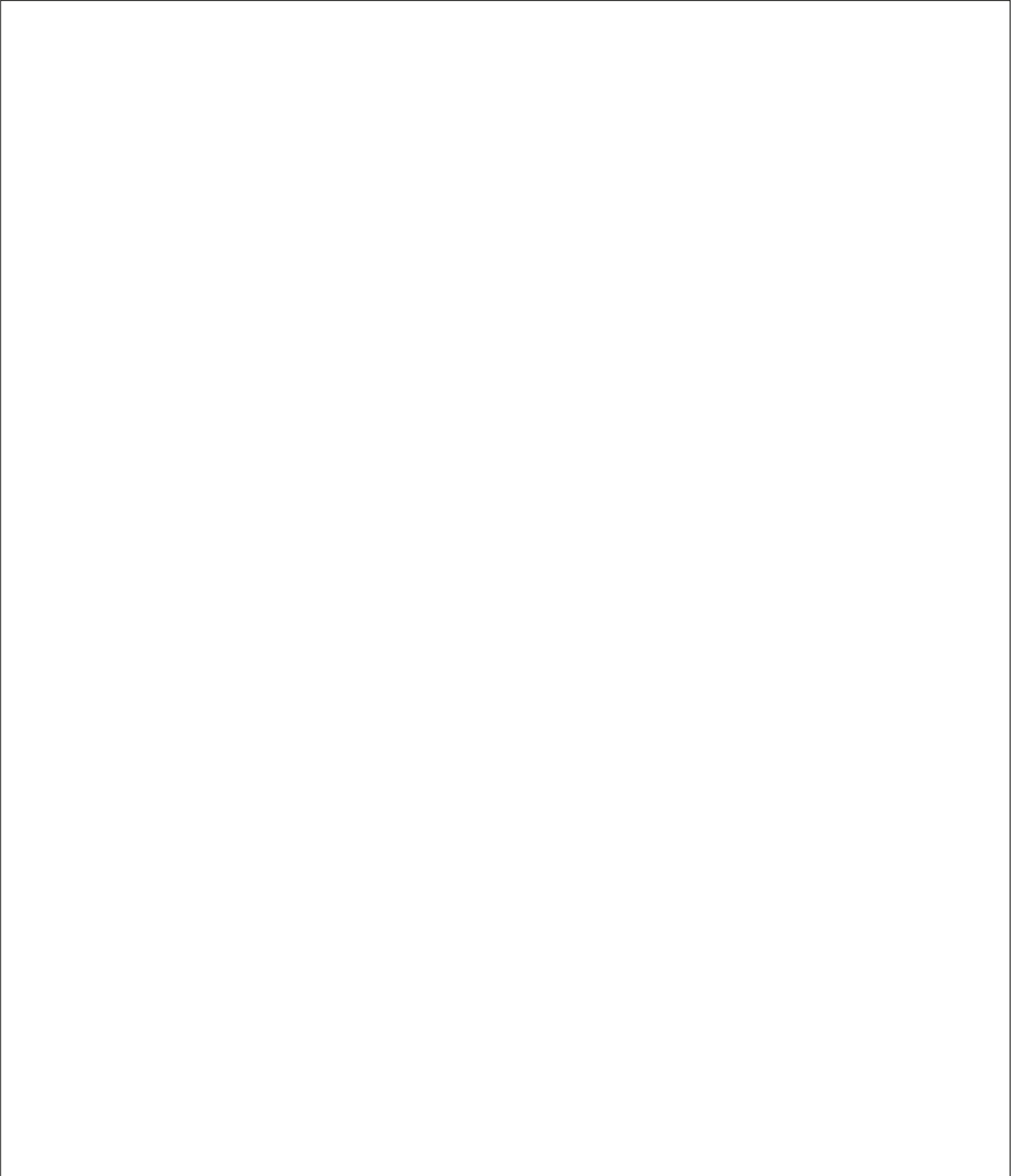
AHJ (Authority Having Jurisdiction – City, County or Special Entity Issuing Building Permits and Certificates of Occupancy) for the Site:  
(Enter the name of the city, county or special entity issuing building construction permits for the site. Enter N/A if you are a governmental agency with no AHJ.)

### SECTION 5: SIGNATURES

Signature of applicant:	Title:	Date:
Signature of Property Owner (if applicable):	Title:	Date:

## **SITE SKETCH**

If you have any as-built drawings that contain the location of the proposed charging stations, please include these as well with your submission.

A large, empty rectangular box with a thin black border, intended for the user to draw a site sketch. The box occupies the majority of the page's vertical space.

Upon completion of the document, please scan and send it to the email address below with the subject  
EV Charging Station Program Application: [EVCharging@eversource.com](mailto:EVCharging@eversource.com)