



# Delaware Clean Vehicle Rebate Program Vehicle Rebate Application Form

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Invoice number (internal use)

Division of Energy and Climate

100 W. Water Street, Suite 5A, Dover, DE 19904

Phone: (302) 735 - 3480 & Fax (302) 739 - 1840

Website: <http://www.dnrec.delaware.gov/energy>

Email for submission: [DNREC.Transportation@state.de.us](mailto:DNREC.Transportation@state.de.us)

Vehicle Type (Please select one): Electric  Propane  Natural Gas  Is this vehicle retrofitted? Yes or No

## Applicant/Purchaser Information

Name of Purchaser:

Email:

Daytime Phone:

Cell Phone:

Mailing Address:

City:

State:

Zip code:

Street Address (as it appears on Driver's License): Same as above

City:

State:

Zip code:

Driver's License Number and State:

## Dealership Information

Name of Dealership:

Contact Person or Salesperson Name:

Email Address (for Dealership Contact Person):

Mailing Address:

City:

State:

Zip code:

Daytime Phone:

## Vehicle Information

Make:

Model:

Year:

Vehicle Identification Number (VIN):

License Plate Number:

Place of Purchase:

## Purchase Information

Date of New Vehicle Purchase:

Total Price Paid (before Delaware Rebate):

Additional Dealership or Manufacturer Incentives Received (does not effect Delaware rebate):

PLEASE READ CAREFULLY. The rebate may be provided to the Participating Dealer or the purchaser. Complete Section A if the Participating Dealer will be accepting the rebate on behalf of the purchaser. Complete Section B if the purchaser will be accepting the rebate as an individual.

**SECTION A: Purchaser requesting rebate through a Participating Dealer (rebate recipient other than the purchaser). Fill out below and sign:**

Name of Participating Dealer:

Email: Phone:

Mailing Address: State: Zip:

City:

Please transfer this rebate payment to the above named company. I understand that I will not receive the rebate payment for this purchase

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Participating Dealer must submit the following on behalf of the purchaser to ensure rebate payment. The Participating Dealer Owner or Manager must acknowledge submittal of documentation and sign below.

IF FINANCED/PURCHASED, Final proof of payment (sales slip) Registration.  IF LEASED, lease agreement and terms of lease.  AND a copy of Delaware Driver's License

**Dealer Owner/Manager Signature:**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**SECTION B: Purchaser requesting rebate individually, independent of a dealer, purchaser must acknowledge all required documentation, initial each clause in the space provided, sign and have the Dealer Owner/Manager signature:**

The documents listed below must be submitted with your application to the Delaware Clean Vehicle Rebate Program. The Purchaser must agree and initial beside each of the statements below.

- \_\_\_\_\_ State Substitute W-9 Form Please fillout W-9 online at <https://w9.accounting.delaware.gov/W9form.aspx>
- \_\_\_\_\_ Final proof of payment submitted (sales slip) Registration - OR- Lease agreement (leases must be for no less than 36 months/3 years).
- \_\_\_\_\_ Copy of Delaware State Driver's License
- \_\_\_\_\_ I certify that I am a resident of the State of Delaware and the information provided on this application is true and correct.
- \_\_\_\_\_ I have read, understand, and agree to the eligibility requirements.
- \_\_\_\_\_ I understand that rebate funding is limited, subject to availability, and this application does not guarantee payment.
- \_\_\_\_\_ I understand and accept that rebate processing will take at least 6-8 weeks from the date the Division of Energy and Climate receives a complete rebate application.
- \_\_\_\_\_ I understand that only vehicles purchased between July 16, 2015 and December 31, 2016 are eligible for the Delaware Clean Vehicle Rebate Program.
- \_\_\_\_\_ I understand that incomplete applications will not be processed and submitting an incomplete application may result in loss of rebate due to limited funding availability.

**Purchaser**

**Dealer Owner or Manager Signature**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_