

CHARGE READY TRANSPORT

Rebate Assignment Form

Instructions

Please follow these instructions to complete the Rebate Assignment Form, and upload your completed form to the [Charge Ready Portal](#).

This form identifies the recipient of rebate funds associated with the Charge Ready Transport Program. Incentives and rebates are taxable, and if greater than \$600, must be reported to the IRS (unless the payee is exempt). SCE will report the rebates issued to the named recipient as income on Form 1099. The payee should consult with their tax advisor about IRS reporting requirements.

Important

In all cases, only one single rebate check will be issued. If the Program Participant is requesting a rebate for customer-installed make-ready infrastructure, the rebate check will be issued to the Program Participant for the make-ready infrastructure **and** any applicable charging equipment rebate amount, without the option to designate an alternate recipient. If the rebate payment is for charging equipment only, the Program Participant will have the option to assign an alternate (eligible) payee.

If you have any questions or need assistance completing this form, please contact your SCE Account Representative.

REBATE CATEGORY

1. Choose the appropriate rebate request based on meeting program eligibility requirements (please check only one of the boxes below):
 - Charging equipment rebate - (please complete Section 1 only)
 - Make-ready infrastructure rebate - (please complete Section 2 only)
 - Both rebates - (please complete Sections 1 and 2)

Section 1 - Complete this section for the charging equipment rebate.

Program Participant

2. Applicant Name:

3. Mailing Address (for rebate check delivery):

4. Mailing Address Line 2:

5. Mailing City, State, and ZIP:

6. Contact Business Telephone Number (for any rebate-related inquiries):

7. Contact E-Mail Address (for any rebate-related inquiries):

Charging Equipment Supplier

8. Supplier Name (charging equipment supplier):

9. Supplier Mailing Address:

10. Supplier Mailing Address Line 2:

11. Supplier Mailing City, State, and ZIP:

12. Supplier Contact Name (optional):
Individual representing the equipment Supplier.

13. Supplier Contact Email Address (optional):
Business E-mail address.

14. Supplier Business Telephone Number (optional):
Primary Contact's Telephone Number.

Additional Charging Equipment Suppliers

Use this section if you will procure charging equipment from more than one approved charging equipment Supplier.

15. Supplier #2 Company Name:
Individual representing the equipment supplier.

16. Additional Supplier #2 Company Mailing Address:

17. Additional Supplier #2 Company Mailing Address Line 2:

18. Additional Supplier #2 Company Mailing City, State, Zip:

19. Additional Supplier #2 Contact Name (optional):
Individual representing the Supplier.

20. Additional Supplier #2 E-Mail Address (optional):
Business E-mail address of the individual representing the Supplier.

21. Additional Supplier #2 Business Telephone Number (optional):
Phone number of the individual representing the Supplier.

SCE-Approved Charging Equipment Purchase

22. List all Charging Stations purchased that were listed on SCE's Approved Product List (APL):

ID	Manufacturer of Charging Equipment	Model Number of Charging Equipment	Quantity of Charging Equipment Ordered	Number of Charge Ports or Connectors per Charging Equipment	Power Output Level of Charging Equipment (kW)	Rebate Amount (from SCE's APL)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Rebate Payee Information

23. Rebate Payee Assignment (check one):

Choose whether the Program Participant or charging equipment Supplier should receive the rebate check.

Program Participant – the mailing address of the Program Participant will be used when mailing the rebate check.

Charging Equipment Supplier (**Note – the option to direct the rebate to the charging equipment supplier only applies if this application does NOT additionally include the section 2 rebate.**).

Enter the name of the charging equipment Supplier (from either Item 8 or 15) who is designated to receive the charging equipment rebate payable by SCE pursuant to the terms and conditions of the Charge Ready Transport Program Agreement.

Only one charging equipment Supplier may be the designated payee per application.

SCE will use the selected charging equipment Supplier's mailing address to send the rebate check.

24. Rebate Payee Business Type (check one):

Select the business type of the assigned payee from Item 23.

Individual or sole proprietor

C Corporation

S Corporation

Partnership

Trust/Estate

Limited Liability Company filed as a C Corporation

Limited Liability Company filed as a S Corporation

Limited Liability Company filed as a Partnership

25. Rebate Payee Tax Identification Number (check and fill-in one):

Enter the tax identification number of the assigned payee from Item 23.

Social Security Number:

Employer Identification Number:

26. Has any other funding been received by the Program Participant for the purchase of the charging equipment listed in Item 22?

Yes No

If yes, please list the funding received for each entry in Item 22:

ID	Manufacturer of Charging Equipment	Model Number of Charging Equipment	Funding Source	Funding Amount Received
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Signature

27. Name:
Name of the Program Participant representative signing this form.

28. Title:
Title of the Program Participant representative signing this form.

29. I certify that the information provided is accurate and complete, and that I have the authority to grant SCE the right to issue payment of the Program Participant's charging equipment rebate to the identified recipient, pursuant to the terms and conditions of the Participation Agreement, in connection with the purchase of qualifying charging equipment. This also certifies that the Program Participant releases all present and future claims on any amounts paid by SCE to any third-party entity pursuant to this assignment.

- End of Section 1 -

Section 2 – Complete this Section for the make-ready Infrastructure rebate.

Program Participant

1. Applicant:

2. Mailing Address (to receive rebate check):

3. Mailing Address Line 2:

4. Mailing City, State, Zip:

5. Business Phone Number (contact number for any rebate-related inquiries):

6. Business E-Mail (e-mail address for any rebate-related inquiries):

7. Program Participant Business Type (check one):

- Individual or sole proprietor
- C Corporation
- S Corporation
- Partnership
- Trust/Estate
- Limited Liability Company filed as a C Corporation
- Limited Liability Company filed as a S Corporation
- Limited Liability Company filed as a Partnership
- Program Participant Tax Identification Number (fill-in one of the following):

Social Security Number:

Employer Identification Number:

Signature

8. Name:
Name of the Program Participant representative signing this form.

9. Title:
Title of the Program Participant representative signing this form.

10. I certify that the information provided is accurate and complete.

- **End of Section 2** -