

Round 3 VW EVCS Information Verification Form(Please fill out for **each** location)**I. Verification Information:**

1	Applicant Name:		
2	EVCS Address:		
3	a. City:	b. State:	c. Zip:
4	Charger Location In-Service Date:		
5	EVSC Type: <input type="checkbox"/> Level 2 and/or <input type="checkbox"/> Level 3 DCFC		
6	Charger Manufacturer(s):		
7	Minimum Station Power Capability at or Above How Many kW Per Charger:		
8	Number of Charging Ports Per Charger:		
9	If a Level 3 DCFC, does it have at a minimum one CCS connector? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
10	Name of Site Owner:		
11	Is there a site agreement for at least three years? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
12	Is the site within three miles driving distance of a state, federal, or interstate highway? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
13	Is the site accessible 24 hours per day, 7 days per week and adequately lit? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
14	Is the equipment covered by an insurance policy? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
15	Do the parking spaces have required signage? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
16	Is there a customer service support telephone number posted? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
17	Is the charging site registered with the Alternative Fuels Data Center Station Locator tool at https://afdc.energy.gov ? <input type="checkbox"/> Yes or <input type="checkbox"/> No		

VIII. APPLICANT CERTIFICATION AND SIGNATURE

I certify that to the best of my knowledge the information contained on this form is correct and complete. I certify that the funding requested satisfies the eligibility requirements for this Program as represented in the Program Description and related materials. I certify that I understand that the funding under this Program is subject to restrictions and other conditions listed in the Program Description. I authorize DANR to make any necessary inquiries to verify the information that I have presented. I acknowledge that the information on this form is not confidential and may be released as required by the Program.

Printed Name of Responsible Party:

Signature:

Date:

Please submit by email to barb.regynski@state.sd.us or by mail to:

VW Rebate Programs
SD DANR – AQ Program
523 E Capitol
Pierre, SD 57501