Alternative Fuel Vehicle Rebate Form

APPLICATIONS MUST BE POSTMARKED WITHIN 6 MONTHS OF PURCHASE OF VEHICLE AND EQUIPMENT, OR YOUR REBATE REQUEST WILL BE DEEMED INELIGIBLE.

Additional copies of this rebate form, copies of the alternative fuel vehicle Rebate Program Guidance and a list of eligible vehicles can be obtained from http://www.dep.state.pa.us, keyword: Alternative Fuel Vehicle Rebates.

Please complete the rebate form and attach all required documentation as described in the Rebate Program Guidance. Please attach all required documentation. Failure to do so will result in the form being returned to you and may result in a rebate not being issued.

Applying for a new (check all that apply):

☐ PHEV or EV (battery system capacity equal/greater than 10 kWh)
☐ PHEV or EV (battery system capacity less than 10 kWh)
☐ EMC (Electric Motorcycle/Scooter)
☐ CNG (Compressed Natural Gas) Vehicle
☐ CNG (Compressed Natural Gas) OEM/Certified Retrofit
☐ LPG (Liquid Propane Gas)
☐ Fuel Cell Vehicle (FC)

Questions? Please contact the AFV Program at 866-294-3854, 717-214-3492 or by email at epafinfo@state.pa.us.

Mail completed form to: DEP Grants Center, AFV Rebate, PO Box 8776, Harrisburg, PA 17105-8776

Please print legibly. PO boxes are not acceptable.

Purchaser Name: ____________________________________________________________

Address: ________________________________________________________________

City: PA 9-Digit Zip Code: ________________________________________________

Municipality: _____________________________________________________________

County: __________________________________________________________________

Social Security Number(s): ________________________________________________

Daytime Phone Number: _________________________________________________

E-mail address: __________________________________________________________

FOR DEP USE ONLY

Account Code: 6007900000-3590340000-3503441920

Rebate #: ________________________________

Rebate Amount: ☐ $500  ☐ $1,000  ☐ $3,500

Approval Date: ____________________________