## **PGE Fleet Partner Application**

Please fill out all applicable fields and email to fleetpartner@portlandgeneral.com



| <b>Customer Information</b>                                     |                 |  |             |                       |  |                              |  |
|---|-----------------|--|-------------|-----------------------|--|------------------------------|--|
| Legal business name:  |                 |  |             |                       |  |                              |  |
| Assumed business name or DE                                     | BA:             |  |             |                       |  |                              |  |
| Contact person name and title:                                  |                 |  |             |                       |  |                              |  |
| Contact email:  |                 |  |             |                       |  |                              |  |
| Contact phone number:   |                 |  |             |                       |  |                              |  |
| Business type (please select w                                  | ith an X):      |  |             |                       | Government entity                                      |                              |  |
|   |                 |  |             |                       | Transit agency   |                              |  |
|   |                 |  |             |                       | School district  |                              |  |
|   |                 |  |             |                       | Private company  |                              |  |
|   |                 |  |             |                       | Non-profit organization                                |                              |  |
| Fleet location 1  |                 |  |             |                       |  |                              |  |
| (please enter the following info                                | rmation for t   | his specific loc                         | ation)      |                       |  |                              |  |
| Location name:  | Street address: |  |             |                       |  |                              |  |
| City:   |                 | State:                                   |             |                       | ZIP:   |                              |  |
| PGE account number:   |                 | Property owner:                          |             |                       |  |                              |  |
| Do you expect to remain at the                                  | facility for th | ne next 10 years                         | ? If not, h | ow long do you ex     | pect to remain?  |                              |  |
| No. of existing EVs:  No. of existing                           |                 | ing Level 2 ports: No. of                |             | No. of existing D     | of existing DC Fast Charger ports:                     |                              |  |
| Electric vehicle plans<br>(fill out a row for each vehicle type | you're consid   | ering for EVs; up t                      | to three)   |                       |  |                              |  |
| Vehicle type*   | Weight<br>class | # of EV's you expect<br>to aquire within |             | Est. daily<br>mileage | Vehicle<br>operating hours<br>(e.g., 9 a.m. to 5 p.m.) | Vehicle<br>operating<br>days |  |
|   |                 | 12-18 months                             | 5 years     |                       |  | uays                         |  |
| Ex: Car/SUV   | 1               | 1  | 5           | 70                    | 7 a.m. to 4 p.m.                                       | M-F                          |  |
|   |                 |  |             |                       |  |                              |  |
|   |                 |  |             |                       |  |                              |  |
|   |                 |  |             |                       |  |                              |  |
|   |                 |  |             |                       |  |                              |  |

<sup>\*</sup>Common vehicle types: Car/SUV, pickup truck, cargo van, step van, shuttle bus, school bus, transit bus, box truck, tractor/truck

| City: State: ZIP:  PGE account number: Property owner:  Do you expect to remain at the facility for the next 10 years? If not, how long do you expect to remain?  No. of existing EVs: No. of existing Level 2 ports: No. of existing DC Fast Charger ports:  Electric vehicle plans  (fill out a row for each vehicle type you're considering for EVs; up to three)  Vehicle type* Weight class # of EV's you expect to aquire within 12-18 months   5 years   5 years |
|---|
| Do you expect to remain at the facility for the next 10 years? If not, how long do you expect to remain?  No. of existing EVs:  No. of existing DC Fast Charger ports:    No. of existing DC Fast Charger ports:  |
| No. of existing EVs:  No. of existing DC Fast Charger ports:  No. of existing DC Fast Charger ports:    Electric vehicle plans   (fill out a row for each vehicle type you're considering for EVs; up to three)   |
| Electric vehicle plans  (fill out a row for each vehicle type you're considering for EVs; up to three)  Vehicle type*  Weight class # of EV's you expect to aquire within mileage operating hours operating days  |
| Vehicle type*     Weight class     # of EV's you expect to aquire within     Est. daily mileage     Vehicle operating hours operating for EVs.  |
| Vehicle type*  Weight # of EV's you expect to aquire within  Weight class # of EV's you expect to aquire within  Est. daily Vehicle operating hours operating within  (o q 9 a m to 5 p m)  |
|   |
| Ex: Car/SUV 1 1 5 70 7 a.m. to 4 p.m. M-F   |
|   |
|   |
| *Common vehicle types: Car/SUV, pickup truck, cargo van, step van, shuttle bus, school bus, transit bus, box truck, tractor/truck   |
| Fleet location 3 (please enter the following information for this specific location)  |
| Location name: Street address:  |
| City: State: ZIP:   |
| PGE account number: Property owner:   |
| Do you expect to remain at the facility for the next 10 years? If not, how long do you expect to remain?  |
| No. of existing EVs:  No. of existing DC Fast Charger ports:  No. of existing DC Fast Charger ports:  |
| Electric vehicle plans (fill out a row for each vehicle type you're considering for EVs; up to three)   |
| Vehicle type* Weight class # of EV's you expect to aquire within  12-18 months 5 years  # of EV's you expect to aquire within    Est. daily mileage   Vehicle operating hours (e.g., 9 a.m. to 5 p.m.)   days   |
| Ex: Car/SUV 1 1 5 70 7 a.m. to 4 p.m. M-F   |
|   |
|   |

Fleet location 2

(please enter the following information for this specific location)

<sup>\*</sup>Common vehicle types: Car/SUV, pickup truck, cargo van, step van, shuttle bus, school bus, transit bus, box truck, tractor/truck