PGE Fleet Partner Application





Customer Information										
Legal business name:										
Assumed business name or DBA:										
Contact person name and title:										
Contact email:										
Contact phone number:										
Business type:	Business type: Total fleet size:		Does your business qualify for any of the following business certifications?:							
Government entity	1-100 vehicles		Disadvantag	Disadvantaged Business Enterprise (DBE)						
Transit agency	101-500		Emerging Sr	Emerging Small Business (ESB) – will Fleets serve small business?						
School district	501-1,000		Minority Bus	Minority Business Enterprise (MBE)						
Private company	1,001-5,000		Service Disa	Service Disabled Veteran (SDV)						
Non-profit organization	5,000+	00+ Women Busin		iness Enterprise (WBE)						
	Don't know									
			N/A	N/A						
Fleet location 1										
(please enter the following information for this specific location)										
Location nickname (limit 15 characters): 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 exist	ing Lev	el 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 5 years		Est. daily mileage	Vehicle operating hours	Vehicle operating days				
Ex: Car/SUV	1	20		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/semi truck

Location nickname (limit 15 characters):		Street address:									
City:		State:		ZIP:							
PGE account number:		Property owner:									
Do you expect to remain at the	facility for th	he next 10 years? If not, h	ow long do you exp	pect to remain?							
No. of existing EVs:	No. of exist	ing Level 2 ports: No. of existi		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 5 years	Est. daily mileage	Vehicle operating hours	Vehicle operating days						
Ex: Car/SUV	1	20	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, tran	nsit bus, box truck, tractor/s	emi truck						
Fleet location 3 (please enter the following information for this specific location)											
Location nickname (limit 15 characters):		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 exist	ing Level 2 ports:	No. of existing DC Fast Charger ports:								
Electric vehicle plans (fill out a row for each vehicle type	you're consid	lering for EVs; up to three)									
Vehicle type*	Weight class	# of EV's you expect to aquire within 5 years	Est. daily mileage	Vehicle operating hours	Vehicle operating days						
Ex: Car/SUV	1	20	70	7 a.m. to 4 p.m.	M-F						

Fleet location 2

(please enter the following information for this specific location)

^{*}Common vehicle types: Car, SUV, pickup truck, cargo van, step van, shuttle bus, school bus, transit bus, box truck, tractor/semi truck