



CDOT Sign Program

Station Eligibility Certification for DC Fast-Charging Stations

Station Name: _____

Station Address: _____

Station Phone Number: _____

Contact Person/Station Manager: _____

Contact Phone Number: _____

Contact Fax: _____

Contact Email: _____

Nearest Interstate or Highway Interchange: _____

*** If your station meets the criteria listed below, please make that selection with an X.

- DC Fast-Charging equipment with CCS and CHAdeMO port compatibility
- Maximum distance from interchange of 1-mile (urban areas) or 3-miles (rural areas)
- Public restroom facilities
- Service available a minimum of 12 hours per day and 7 days per week
- Drinking water

*** At the time of the request submission, applicants must also provide the following:

- A detailed map or aerial photo of the facility
- A photo or other proof of a station indicator visible from the interstate crossroads and on-site signing indicating the availability of charging at the location

I certify that the above statements are true and correct, and I will inform CDOT of any changes to the above indicated information that may affect the availability of the service provided. I understand that CDOT may make inquiries to ensure that the minimum requirements are being met.

Signature _____

Printed Name _____

Date _____

Please return the completed form to Michael King via email at michael.king@state.co.us

