



Energy Utilization Management Bureau  
Quality Management System

EVCS LIST AND LOCATION  
(ANNEX E)

Doc Ref No.:	EUMB-AFETD-QF-005
Effective Date:	xx-xxxx-xx
Revision No.:	0
Page No.:	1 of 1

Name of EVCS Provider			
Office Address			
Contact No.			Email Address:
No. of employees:	Male:	Female:	Total:

Map Location of the EVCS  
(Add additional location map/s for EVCS from different location/s)

Coordinates: (xx.xxxxx, yy.yyyyy)

Address: (House/Building No./Building Name) (Street Name) (Barangay)

**List of Electric Vehicle Charging Station/s (EVCS)**

No.	EVCS Picture	
1.		Brand name:
		Type/Model
		Identification No.:
2.		Brand name:
		Type/ Model
		Identification No.:
3.		Brand name:
		Type/Model
		Identification No.:
Add additional row/s as required.		