

Preliminary Consultation Application Distributed Energy Resource (DER) Connections

This form is for customers applying for a Preliminary Assessment for connecting a Distributed Energy Resource (DER). All fields are required. Email the completed form to DER@LDC.ca If you have any questions, you may send them to the email or phone 555-999-9999.

1. General Information:

Project Name:	_____
Application Submission Date:	_____ (YYYY/MM/DD)
Primary Contact: <i>(company name)</i>	_____
Contact Name:	_____
Telephone No.:	_____
E-mail Address:	_____
Address: _____	City/Town: _____ Postal Code: _____

2. Project Information:

Project Intent:	<input type="checkbox"/> Inject energy to the grid under the program: <input type="checkbox"/> Do not inject energy to the grid for: <input type="checkbox"/> Load Displacement <input type="checkbox"/> Emergency Backup only when the grid is not available <input type="checkbox"/> Other (please specify): _____	
Size:	Proposed Installed Capacity	_____ kW
	Connecting on	<input type="checkbox"/> Single phase <input type="checkbox"/> 3 phase
Project Type:	DER Type	<input type="checkbox"/> Synchronous <input type="checkbox"/> Induction <input type="checkbox"/> Inverter based <input type="checkbox"/> Other (please specify): _____

Contact Information for
responsible department

LDC Name/Logo

Site Information	Municipal Address	Address _____ City/Town/Township _____ Postal Code _____ Existing Account number (if applicable) _____
-------------------------	--------------------------	--------------------------------------------------------------------------------------------------------------------

<u>FOR OFFICE USE ONLY:</u>	
<input type="checkbox"/> Received	Date: _____ (YYY/MM/DD)
<input type="checkbox"/> Incomplete returned	Date: _____ (YYY/MM/DD)
<input type="checkbox"/> Complete	Date: _____ (YYY/MM/DD)
<input type="checkbox"/> Form A Report sent	Date: _____ (YYY/MM/DD)
<input type="checkbox"/> Application ID assigned	ID: _____