## **Preliminary Consultation Information Request 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:	BEHIND THE METER EXAMPLE			
Application Subm	nission Date: 2021-08-04 (YYY/MM/DD)			
Primary Contact:	Consultants Inc.			
Contact Name:	Consultant Name			
Telephone No.:	905-123-4002			
E-mail Address:	Consultant@example.com			
Address:123 Stre	et City/Town: City			
Postal Code: 1B3-7B1				

2. Project Information:

Project Intent:	☐ Inject energy to the	e grid under the program:
	☑ Do not inject ener	gy to the grid for:
	⊠ Load	Displacement
	□ Eme	rgency Backup only when the grid is not available
	□Other (please speci	fy): Click or tap here to enter text.
Size:	Proposed Installed	
	Capacity	Click or tap here to enter text.kW
	Connecting on	☐ Single phase
		□ 3 phase
Project Type:	DER Type	$\square$ Synchronous $\square$ Other (please specify):
		☐ Induction Click or tap here to enter text.
		☐ Inverter based

	DER Fuel/Energy Type	Battery Storage System
Site Information	Municipal Address	Address 123 Street  City/Town/Township City  Postal Code 1B3-7B1  Existing Account number (if applicable) 12345-12345

FOR OFFICE USE ONLY:	
Received	Date:2021-08-04 (YYY/MM/DD)
☐ Incomplete returned	Date: Click or tap to enter a date.(YYY/MM/DD)
⊠ Complete	Date: 2021-08-06 (YYY/MM/DD)
⊠ Form A Report sent	Date: 2021-08-06(YYY/MM/DD)
Application ID assigned	ID: 12344564