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: Click or tap here to enter text.

Application Submission Date: Click or tap to enter a date. (YYY/MM/DD)

Primary Contact: Click or tap here to enter text.
(company name)

Contact Name: Click or tap here to enter text.

Telephone No.:   Click or tap here to enter text.

E-mail Address: Click or tap here to enter text.

Address: Click or tap here to enter text.   **City/Town:** Click or tap here to enter text.

Postal Code: Click or tap here to enter text.

2. Project Information:

Project Intent:	☐ Inject energy to the grid under the program: ☐ Do not inject energy to the grid for: ☐ Load Displacement ☐ Emergency Backup only when the grid is not available ☐Other (please specify): 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	☐ Synchronous ☐Other *(please specify)*: ☐ Induction Click or tap here to enter text. ☐ Inverter based
	DER Fuel/Energy Type	

		Click or tap here to enter text.
Site Information	Municipal Address	Address_____ City/Town/Township_____ Postal Code_____ Existing Account number (if applicable) _____

FOR OFFICE USE ONLY:

☐ Received   Date: Click or tap to enter a date. (YYY/MM/DD)

☐ Incomplete returned   Date: Click or tap to enter a date. (YYY/MM/DD)

☐ Complete   Date: Click or tap to enter a date. (YYY/MM/DD)

☐ Form A Report sent   Date: Click or tap to enter a date. (YYY/MM/DD)

☐ Application ID assigned   ID: Click or tap here to enter text.