## **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 Submission Date:	<b>2021-08-04</b> (YYY/MM/DD)	
Primary Contact: Consultants Inc.		
(company name)  Contact Name: Consultant Name		
<b>Telephone No.:</b> 905-123-4002		
E-mail Address: Consultant@examp	le.com	
Address:123 Street Ci	ty/Town: City	
Postal Code: 1B3-7B1		

2. Project Information:

Project Intent:	☐ Inject energy to the grid under the program:		
	☑ Do not inject ener	gy to the grid for:	
	☐ 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. <b>kW</b>	
	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
Municipal Address	Address 123 Street
	City/Town/Township City
	Postal Code 1B3-7B1
	Existing Account number (if applicable) 12345-12345
	Туре

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