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. (YYYY/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

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	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~~Preliminary Consultation Report sent —————————Date: Click or tap to enter a date.
(YYY/MM/DD)

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

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2021Template March 22, 2022 ———————————————

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