## 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:	2022-04-04 (YYY/MM/DD)	
Primary Contact: Consultants Inc.		
Contact Name: Consultant Name Telephone No.: 555-555-5555		
E-mail Address: Email address		
Address: 123 Sample St	City/Town: City	
Postal Code: 1B3 7B1		

2. Project Information:

Project Intent:	$\square$ Inject energy to the gr	id	
	☐ ☑ Do not inject energy to the grid for:		
	☐ Emerger	ncy Backup only when the grid is not available	
	$\square$ Other (please specify):	Click or tap here to enter text.	
Size:	Proposed Installed		
	Capacity	3000 kW	
	Connecting on	☐ Single phase	
		□ 3 phase	
Project Type:	DER Type	$\Box$ Synchronous $\Box$ Other (please specify):	
		☐ Induction Click or tap here to enter text.	
	DER Fuel/Energy Type	Battery Energy Storage System	

Site Information	Municipal Address	
		Address:
		123 Sample Street
		City/Town/Township: City
		Postal Code: 1B3 7B1
		Existing Account number (if applicable): 12345-12345

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)
☐ 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.