

## 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:

<b>Project Name:</b>	BEHIND THE METER EXAMPLE
<b>Application Submission Date:</b>	<b>2022-04-04</b> (YYYY/MM/DD)
<b>Primary Contact: Consultants Inc.</b> <i>(company name)</i>	
<b>Contact Name:</b>	<b>Consultant Name</b>
<b>Telephone No.:</b>	<b>555-555-5555</b>
<b>E-mail Address:</b>	<b>Email address</b>
<b>Address: 123 Sample St</b>	<b>City/Town: City</b>
<b>Postal Code: 1B3 7B1</b>	

### 2. Project Information:

<b>Project Intent:</b>	<input type="checkbox"/> Inject energy to the grid <input checked="" type="checkbox"/> Do not inject energy to the grid for: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Load Displacement</li> <li><input type="checkbox"/> Emergency Backup only when the grid is not available</li> </ul> <input type="checkbox"/> Other (please specify): <small>Click or tap here to enter text.</small>	
<b>Size:</b>	Proposed Installed Capacity	3000 kW
	Connecting on	<input type="checkbox"/> Single phase <input checked="" type="checkbox"/> 3 phase
<b>Project Type:</b>	DER Type	<input type="checkbox"/> Synchronous <input type="checkbox"/> Other <i>(please specify)</i> : <input type="checkbox"/> Induction <small>Click or tap here to enter text.</small> <input checked="" type="checkbox"/> Inverter based
	DER Fuel/Energy Type	Battery Energy Storage System

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

<b><u>FOR OFFICE USE ONLY:</u></b>	
<input type="checkbox"/> Received	Date: Click or tap to enter a date. (YYY/MM/DD)
<input type="checkbox"/> Incomplete returned	Date: Click or tap to enter a date. (YYY/MM/DD)
<input type="checkbox"/> Complete	Date: Click or tap to enter a date. (YYY/MM/DD)
<input type="checkbox"/> Preliminary Consultation Report sent	Date: Click or tap to enter a date. (YYY/MM/DD)
<input type="checkbox"/> Application ID assigned	ID: Click or tap here to enter text.