

Ontario Energy Board
P.O. Box 2319
2300 Yonge Street
27th Floor
Toronto ON M4P 1E4
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Facsimile: (416) 440-7656

Commission de l'énergie l'Ontario
C.P. 2319
2300, rue Yonge
27^e étage
Toronto ON M4P 1E4
Téléphone: 1-888-632-6273
Télécopieur: (416) 440-7656



Application for a Smart Sub-Metering Licence

For Office Use Only	
Application Number	EB - 2009-0049
Date Received	Feb 16/09

1. The Applicant

Legal Name of the Applicant : CHATHAM-KENT UTILITY SERVICES INC.

Name to Appear on Licence: ☒ Indicate if same as above or provide name in the space below

If not the same as above, the name must include the legal name of the applicant and the legal name must appear first. The "Name to Appear on Licence" will appear on the notice and on the licence.

Date of formation or incorporation:

Is the applicant a Measurement Canada registered contractor?

☐ Yes, provide registration number

☒ No, provide explanation

Registration is with LDC affiliate CK Hydro 30605 - We operate an accredited meter m

2. Licence Primary Contact

(As a condition of licensing, the licensee shall designate a person who will act as primary contact with the Board on matters related to the licence)

Mr. <input checked="" type="radio"/>	Mrs. <input type="radio"/>	Last Name		First Name	Initial
Miss <input type="radio"/>	Ms. <input type="radio"/>	Bridgen		Hugh	E
Other <input type="text"/>		Title/Position/Company			
		Director of Metering & Technical Services			

Licence Primary Contact Address (if RR, give Lot, Concession No. and Township):

320 Queen St, PO Box 70

City	Province/State	Country	Postal/Zip Code
Chatham	ON	Canada	N7M 5K2

Phone Number	Fax Number	E-mail Address
519-352-6300 ext. 262	519-351-4059	hughbridgen@ckenergy.com

3. Application Primary Contact

☐ Indicate if same as above. Proceed to section 4.

(The primary contact for the licence application may be a person within the applicant's organization other than the licence primary contact noted above. An applicant may also choose to designate a consultant, lawyer, etc. to be the primary contact for the licence application. The Board will communicate with this person during the course of the application but with the licence primary contact after a licence is issued.)

Mr. <input checked="" type="radio"/>	Mrs. <input type="radio"/>	Last Name		First Name	Initial
Miss <input type="radio"/>	Ms. <input type="radio"/>	Hogan		Jim	
Other <input type="text"/>	Title/Position				
	President, Chatham-Kent Utility Services Inc./CFO, Chatham-Kent Energy				
		Company Name			
		Chatham-Kent Utility Services Inc.			
Application Primary Contact Address (if RR, give Lot, Concession No. and Township):					
320 Queen St., PO Box 70					
City		Province/State		Country	Postal/Zip Code
Chatham		ON		Canada	N7M 5K2
Phone Number		Fax Number		E-mail Address	
519-352-6300, ext. 277		519-351-4059		jimhogan@ckenergy.com	

4. Trade Names

The smart sub-metering licence authorizes the licensee to conduct business using the name under which the licence is held. It also provides for the use of trade names by the licensed smart sub-metering provider.

Does the applicant intend to use trade names?

- ☐ Yes, provide a list of trade names the applicant intends to use in the space provided below.
- ☒ No, proceed to 5
