**Ontario Energy Board**
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**Commission de l'énergie l'Ontario**
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Toronto ON M4P 1E4
Téléphone: 1-888-632-6273
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Ontario

# Application for a Smart Sub-Metering Licence

| For Office Use Only | |
|---|---|
| Application Number | EB - 2009-0110 |
| Date Received | April 17/09 |

## 1. The Applicant

Legal Name of the Applicant : Trilliant Energy 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: Sept. 25, 2007

Is the applicant a Measurement Canada registered contractor?

☑ Yes, provide registration number A-174

☐ No, provide explanation

## 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. ◉ Mrs. ○ Miss ○ Ms. ○ Other

| Last Name | First Name | Initial |
|---|---|---|
| Lupo | Steven | |

Title/Position/Company: Senior Manager, Advanced Metering Services

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

20 Floral Parkway

| City | Province/State | Country | Postal/Zip Code |
|---|---|---|---|
| Concord | Ontario | Canada | L4K 4R1 |

| Phone Number | Fax Number | E-mail Address |
|---|---|---|
| 905-326-2430 | 905-326-3277 | slupo@trilliantinc.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. ○ Mrs. ○
Miss ○ Ms. ○

Other

Last Name | First Name | Initial

Title/Position

Company Name

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

City | Province/State | Country | Postal/Zip Code

Phone Number | Fax Number | E-mail Address

## 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