

Ontario Energy
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DEC 11 2007

ONTARIO ENERGY BOARD



Application for a Smart Sub-Metering Licence

For Office Use Only	
Application Number	EB/2007-0943
Date Received	Dec. 11/07

1. The Applicant

Legal Name of the Applicant :

Triacta Power Technologies, 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: 30-Jun-03

Is the applicant a Measurement Canada registered contractor?

☒ Yes, provide registration number 31484

☐ 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. <input checked="" type="radio"/>	Mrs. <input type="radio"/>	Last Name	First Name	Initial
Miss <input type="radio"/>	Ms. <input type="radio"/>	Biggs	Wes	
Other <input type="text"/>	Title/Position/Company			
VP, Engineer & Operations				

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

7 Mill Street, Box 582

City	Province/State	Country	Postal/Zip Code
Almonte	ON	Canada	K0A 1A0
Phone Number	Fax Number	E-mail Address	
613-256-2868	613-256-6602	wes.biggs@triacta.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"/>	Morgan		Ross		
Other <input type="text"/>		Title/Position				
		Chief Financial Officer				
		Company Name				
		Triacta Power Technologies, Inc.				
Application Primary Contact Address (if RR, give Lot, Concession No. and Township):						
Box 582, 7 Mill Street						
City		Province/State		Country		Postal/Zip Code
Almonte		ON		Canada		K0A 1A0
Phone Number		Fax Number		E-mail Address		
613-256-2868		613-256-6602		ross.morgan@triacta.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

Triacta
Triacta Power

5. Applicant's Licensing Status and History

- (a) Has the applicant or an affiliate of the applicant ever been licensed by the Ontario Energy Board? (the *Business Corporations Act* definition for affiliate can be found at www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90b16_e.htm)

- ☐ Yes, provide details of current and expired licences in the table below
- ☒ No, proceed to 5(b)

Licensee Name	Licence Number

- (b) Has the applicant or an affiliate of the applicant ever undertaken electricity sector activity in another jurisdiction within North America?

- ☐ Yes, provide details of current and expired licences in the table below
- ☒ No

Licensee Name	Jurisdiction	Business Activity

6. Officers, Directors and Key Individuals

- (a) Provide as a separate attachment a list of all officers and directors, including name and title.
- (b) Provide a list of key individuals below. The individuals listed must be the individuals that are responsible for executing the following functions for the applicant: matters related to regulatory requirements and conduct, financial matters and technical matters. These key individuals may include the Chief Executive Officer, the Chief Financial Officer, other officers, directors and proprietors.

Name of Key Individual	Title/Position within Applicant's Business (or identify company if not the Applicant's Business)
Robert Brennan	President & CEO
Ross Morgan	CFO
Wes Biggs	VP, Engineering & Operations