

Ontario Energy  
Board  
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Toronto ON M4P 1E4  
Telephone: 1-888-632-6273  
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Commission de l'énergie  
l'Ontario  
C.P. 2319  
2300, rue Yonge  
27<sup>e</sup> 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-2009-0123
Date Received	Apr. 24/09

### 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		Weston		ML
Other <input type="text"/>		Title/Position/Company				
		VP Engineering & Operations				

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

Box 582, 7 Mill St.,

City	Province/State	Country	Postal/Zip Code
Almonte	Ontario	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 type="radio"/>	Mrs. <input type="radio"/>	Last Name	First Name	Initial
Miss <input type="radio"/>	Ms. <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>		Title/Position	<input type="text"/>	
		Company Name	<input type="text"/>	

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

<input type="text"/>			
City	Province/State	Country	Postal/Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Fax Number	E-mail Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### 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

<input type="text"/>
<input type="text"/>
<input type="text"/>