

## 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>	Click or tap here to enter text.
<b>Application Submission Date:</b>	Click or tap to enter a date. (YYYY/MM/DD)
<b>Primary Contact:</b> Click or tap here to enter text. <i>(company name)</i>	
<b>Contact Name:</b>	Click or tap here to enter text.
<b>Telephone No.:</b>	Click or tap here to enter text.
<b>E-mail Address:</b>	Click or tap here to enter text.
<b>Address:</b> Click or tap here to enter text.	<b>City/Town:</b> Click or tap here to enter text.
<b>Postal Code:</b> Click or tap here to enter text.	

**2. Project Information:**

<b>Project Intent:</b>	<input type="checkbox"/> Inject energy to the grid under the program: <input type="checkbox"/> Do not inject energy to the grid for: <input type="checkbox"/> Load Displacement <input type="checkbox"/> Emergency Backup only when the grid is not available  <input type="checkbox"/> Other (please specify): Click or tap here to enter text.	
<b>Size:</b>	Proposed Installed Capacity	Click or tap here to enter text.kW
	Connecting on	<input type="checkbox"/> Single phase <input type="checkbox"/> 3 phase
<b>Project Type:</b>	DER Type	<input type="checkbox"/> Synchronous <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Induction        Click or tap here to enter text. <input type="checkbox"/> Inverter based
	DER Fuel/Energy Type	

		Click or tap here to enter text.
<b>Site Information</b>	Municipal Address	Address _____ City/Town/Township _____ Postal Code _____ Existing Account number (if applicable) _____

<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"/> Form A 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.