

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:

Project Name:	BEHIND THE METER EXAMPLE
Application Submission Date:	2021-08-04 (YYYY/MM/DD)
Primary Contact: Consultants Inc. <i>(company name)</i>	
Contact Name:	Consultant Name
Telephone No.:	905-123-4002
E-mail Address:	Consultant@example.com
Address: 123 Street	City/Town: City
Postal Code:	1B3-7B1

2. Project Information:

Project Intent:	<input type="checkbox"/> Inject energy to the grid under the program: <input checked="" type="checkbox"/> Do not inject energy to the grid for: <input checked="" 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.	
Size:	Proposed Installed Capacity	Click or tap here to enter text.kW
	Connecting on	<input type="checkbox"/> Single phase <input checked="" type="checkbox"/> 3 phase
Project Type:	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

Contact Information for
responsible department

LDC Name/Logo

	DER Fuel/Energy Type	Battery Storage System
Site Information	Municipal Address	Address 123 Street City/Town/Township City Postal Code 1B3-7B1 Existing Account number (if applicable) 12345-12345

FOR OFFICE USE ONLY:

Received

Date: 2021-08-04 (YYY/MM/DD)

Incomplete returned

Date: Click or tap to enter a date.(YYY/MM/DD)

Complete

Date: 2021-08-06 (YYY/MM/DD)

Form A Report sent

Date: 2021-08-06(YYY/MM/DD)

Application ID assigned

ID: 12344564