



Application Instructions

1. Purpose of this form

The purpose of this form is to collect information to determine whether the Applicant will be granted a licence to transmit electricity.

2. Structure of the Application Form

This form contains the following sections:

- A General Information;
- B Corporate Information;
- C Notice and Consent;
- D Acknowledgement

Note: The Board shall keep confidential the information in Item 10, Section B of this form, with the exception of the names and positions held of key individuals. All other information filed as part of this application will be considered public. Where the applicant objects to public disclosure of the information, the applicant must follow the Ontario Energy Board's approved Guidelines for Treatment of Filing made in confidence, effective March 19, 2001.

3. Completion Instructions

PRINT CLEARLY or TYPE all information in BLACK. Please send the completed form and two copies of all attachments to:

Board Secretary
Ontario Energy Board
2300 Yonge Street
P.O. Box 2319, 26th Floor
Toronto, ON M4P 1E4

4. Licence Fees:

Application Fees:

A non-refundable application fee is required to process your application. Please enclose a cheque or money order made payable to the **ONTARIO ENERGY BOARD**.

Note:

The Licencee may be required to pay an annual fee.

5. Important Information:

As a licenced Electricity Transmitter, the licensee may be subject to additional obligations as required by the Independent Electricity System Operator (IESO) and as established under section 70 of the *Ontario Energy Board Act, 1998*.

The issuance of an electricity transmission licence does not guarantee accreditation by the IESO or connection to a transmission or distribution system.

REMARQUE:

Ce document est disponible en français.

For Office Use Only	
Application Number	
Date Received	

A. General information

1. Type of Application

New licence	<input type="checkbox"/>
Renewal	<input type="checkbox"/>
Amendment to an existing Licence	<input type="checkbox"/>

2. Applicant

Please provide the following information about the Applicant			
Full Legal Name of Applicant		Ontario Corporation Number, Canadian Corporation Number or Business Registration Number	Date of Formation or Incorporation
Business Address:			
City	Prov.	Country	Postal/Zip Code
Phone Number	FAX Number	E-Mail Address (if applicable)	

3. Primary Contact for this Application

Please provide the following information about the Primary Contact for this Application:				
Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Last Name:	Full First Name:	Initial:
Miss <input type="checkbox"/>	Ms. <input type="checkbox"/>	Position Held:		
Other: _____				
Contact Address (if R.R., give Lot, Concession No. and Township)				
City	Province	Country	Postal/Zip Code	
Phone Number	FAX Number	E-mail Address (if applicable)		

4. Transmission Facilities

Please provide a description of the transmission facilities involved in this Application:				

B. Corporate Information

Organizational

5. Business Classification

Please indicate the Applicant's Business Classification (check appropriate type below):

- Sole Proprietor
- Partnership
- Corporation
- Other (describe) _____

6. Business Activities

Please provide a description of the Applicant's business activities:

7. Affiliates of the Applicant

a) Please provide the following information for all Affiliates of the Applicant:

Full Legal Name of Affiliate Company:

Business Address:

City	Prov.	Country	Postal/Zip Code
Phone Number	FAX Number	E-Mail Address (if applicable)	

Description of Business Activities:

b) Please attach a Corporate organization chart describing the relationships between the Applicant and its Affiliates and, if applicable, the respective ownership percentages by the Applicant in each Affiliate.

8. Energy Sector Activities

<p>Has the Applicant or an Affiliate undertaken any energy sector activities in Ontario or any other jurisdiction?</p> <p>If yes, please provide the following information for each:</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p>
<p>Full Legal Name of Company:</p>	<p>Licence/Registration Number:</p>
<p>Jurisdiction:</p>	<p>Type of Business Activity (e.g. Generation, Transmission, Distribution):</p>

Technical Capability and Experience

9. Technical Ability

a) Please describe the applicant's technical ability to carry out the activities applied for including the Applicant's specific experience in Ontario and in other jurisdictions.

b) If the Applicant intends to utilize the capability of others by contracting transmission activities, please indicate below which activities and to whom they will be contracted:

Design Contracted to:

Construction Contracted to:

Customer Connection Contracted to:

Inspection & Maintenance Contracted to:

Operation Contracted to:

Other (describe)
_____ Contracted to:

10. Information About Each Key Individual

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____	Last Name:	Full First Name:	Initial:
Position Held:			
Please explain the person's experience in the electrical transmission business and in the energy field in general.			
a) Has this person been a proprietor, partner, officer or director of a business that was granted a licence under Part IV or Part V of the <i>Ontario Energy Board Act, 1998</i> . Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide business names and licence number(s) and describe the individuals specific related experience.			
b) Has this person been a proprietor, partner, officer, or director of a business that was registered or licenced under this or any other acts or legislation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, identify the business name, the legislation, licence number(s), date of the licencing or registration and the individual's specific related experience.			
c) Has this person been a proprietor, partner, officer or director of a business that had a registration or licence of any kind refused, suspended, revoked or cancelled? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide company name and describe the situation, including the jurisdiction and type of licence.			

Note:
Attach a copy of Item 10 for each Key Individual: Officer and Director, Partner or sole Proprietor.

11. Financial Information

Please attach financial statements of the Applicant for each of the past two fiscal years. This may include audited financial statements, annual reports, prospectuses or other such information.

Transmission Facilities Information

12. Facilities

Please indicate whether the Applicant's transmission facilities are:

New assets to be constructed?

Proposed In-service date: _____

Please attach a statement explaining the financing arrangements.

Existing assets presently owned by the Applicant?

Existing assets not presently owned by the applicant (i.e. to be purchased)?

Please indicate from whom assets will be purchased:

Other (describe)

13. Purpose of Facilities

Please indicate the intended purpose(s) of the Applicant's transmission facilities:

- To provide a connection between a generator and a transmission system.
- To provide a connection between a transmission system and a load customer.
- To provide a connection between a generator and a load customer.
- To provide a connection between one transmission system and another
- To import or export power
- Other (please describe): _____

If parties other than the Applicant are involved, please indicate the specific names of the participants (generator, load customer, transmission system(s):

14. Location of Facilities

Please indicate the location (township or other such description as appropriate) of the Applicant's transmission facilities and attach a single-line diagram indicating the length (km), capacity (MW) and operating voltage (kV) of each element.

15. Licensing History

Has the Applicant obtained Ontario Energy Board, National Energy Board, Federal Energy Regulatory Commission or any other regulatory approvals required for the acquisition, construction or operation of the transmission facilities?

Yes

No

If no, please indicate the status and plans for seeking these approvals.

16. Service to other parties

If the transmission facilities are to be used to deliver electricity to a party other than the Applicant please attach the following:

- a) a summary of business plans relating to the Applicant's proposed transmission business for the next five years. This should include the following:
 - a forecast of annual peak demand (MW) and energy (MWH) transmitted and/or transformed.
 - annual pro forma financial statements including forecasts of costs, revenues and project financing indicating the underlying assumptions on which the forecasts are based.
- b) estimates of net annual cash flows for subsequent periods to demonstrate financial feasibility and security.
- c) indication of the Applicant's plans to seek Ontario Energy Board approval for rates for transmission services.

17. Proposed business transactions impact

Please provide a brief summary of the expected impact of the proposed business transactions on the Ontario electricity market under the following headings:

- Facilitate competition and enhance access to transmission services
- Improve reliability and quality of supply
- Promote economic and efficient electrical energy supply

Other Information

18. Ontario market activities

Please indicate whether the Applicant intends to be involved with other electricity sector activities in the Ontario market?		
<input type="checkbox"/> Buy or Sell (Wholesale) electricity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Distribute electricity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Retail electricity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Generate electricity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes to any of the above:		
a) If affiliates have not yet been established, please indicate when this is planned _____		
b) Has Applicant or an affiliate applied for an Ontario Energy Board Licences?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- If no, when planned? _____		

C. Notice and Consent

AS REQUIRED BY THE FREEDOM OF INFORMATION AND PROTECTION OF INDIVIDUAL PRIVACY ACT

In order to complete or verify the information provided on this form, it may be necessary for the Ontario Energy Board to collect additional information from some or all of the following sources: federal, provincial/state and municipal governments; licensing bodies; banks; professional and industry associations; and former and current employers. **Only information relevant to your application will be collected.**

The public official who can answer questions about the collection of information is:

Board Secretary
Ontario Energy Board
2300 Yonge Street, P.O. Box 2319
Toronto, Ontario M4P 1E4

Note: The issuance of an electricity transmitter licence does not guarantee accreditation by the IESO, or connection to a transmission or distribution system.

NOTE: This application must be signed by the proprietor or by at least one partner, officer or director of the organization.

WARNING: It is an offence to knowingly provide false information on this application.

I/We consent to the collection of this information as authorized under the *Ontario Energy Board Act, 1998*.

Yes

I/We understand that this information will be used to determine whether I am/we are and remain qualified for the licence for which I am/we are applying.

Yes

Print Name and Title

Signature of Applicant(s)

Date Signed

D. Acknowledgement

NOTE: This acknowledgement must be signed by the proprietor or by at least one partner, officer or director of the organization.

I understand and acknowledge that, as a licenced electricity transmitter, I will be required, unless otherwise exempted:

- To provide non-discriminatory access to all persons wishing to connect to the transmission system.
- To comply with all licence conditions including the provisions of:
 - The Ontario Energy Board Affiliate Relationships Code for Electricity Distributors and Transmitters
 - The Ontario Energy Board Transmission System Code
 - The Market Rules made under section 32 of the Electricity Act.

Print Name and Title	Signature of Applicant(s)	Date Signed

CHECKLIST

Have You:

1.	Properly and fully completed this form? (Illegible, incomplete or improperly completed forms do not qualify for registration and will be delayed or returned.)	<input type="checkbox"/>
2.	Enclosed a cheque or money order payable to the ONTARIO ENERGY BOARD in the amount prescribed?	<input type="checkbox"/>
3.	Attached two copies of all financial information specified in Section B?	<input type="checkbox"/>
4.	Attached Section C, the signed "Notice and Consent" form, as specified?	<input type="checkbox"/>
5.	Attached Section D, the "Acknowledgement" form, as specified?	<input type="checkbox"/>
<p>Please send the completed form and all attachments to:</p> <p>Board Secretary Ontario Energy Board 2300 Yonge Street P.O. Box 2319 , 26th Floor Toronto, ON M4P 1E4</p>		
<p>NOTE: You are not required to return the cover page or this checklist to the Ontario Energy Board.</p>		