

## Preliminary Consultation Application 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>	_____
<b>Application Submission Date:</b>	_____ (YYYY/MM/DD)
<b>Primary Contact:</b> <i>(company name)</i>	_____
<b>Contact Name:</b>	_____
<b>Telephone No.:</b>	_____
<b>E-mail Address:</b>	_____
<b>Address:</b> _____	<b>City/Town:</b> _____ <b>Postal Code:</b> _____

### 2. Project Information:

<b>Project Intent:</b>	<input type="checkbox"/> Inject energy to the grid (Injecting) <input type="checkbox"/> Do not inject energy to the grid for: (Non-Injecting) <ul style="list-style-type: none"> <li><input type="checkbox"/> Load Displacement</li> <li><input type="checkbox"/> Emergency Backup only when the grid is not available</li> </ul> <input type="checkbox"/> Other (please specify): _____	
<b>Size:</b>	Proposed Installed Capacity	_____ 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"/> Induction <input type="checkbox"/> Inverter based
		<input type="checkbox"/> Other (please specify): _____

Contact Information for  
responsible department

LDC Name/Logo

<b>Site Information</b>	<b>Municipal Address</b>	Address _____ City/Town/Township _____ Postal Code _____ Existing Account number (if applicable) _____
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<b><u>FOR OFFICE USE ONLY:</u></b>	
<input type="checkbox"/> Received	Date: _____ (YYY/MM/DD)
<input type="checkbox"/> Incomplete returned	Date: _____ (YYY/MM/DD)
<input type="checkbox"/> Complete	Date: _____ (YYY/MM/DD)
<input type="checkbox"/> Form A Report sent	Date: _____ (YYY/MM/DD)
<input type="checkbox"/> Application ID assigned	ID: _____