

## 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 GenerationConnections@oshawapower.ca. If you have any questions, you may send them to the email or phone (905) 723-4623.

**1. General Information:**

**Project Name:**

**Application Submission Date:**

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**Primary Contact:**  
*(Company name)*

**Contact Name:**

**Telephone No.:**

**E-mail Address:**

**Address:**

**City/Town:**

**Postal Code:**

**2. Project Information:**

<b>Project Intent:</b>	<input type="checkbox"/> Inject energy to the grid (Ex: Net-metering) <input type="checkbox"/> Do not inject energy to the grid for: <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"/> Other <i>(please specify)</i> : <input type="checkbox"/> Induction <input type="checkbox"/> Inverter based
	DER Fuel/Energy Type	



<b>Site Information</b>	Municipal Address	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:
<input type="checkbox"/> Incomplete returned	Date:
<input type="checkbox"/> Complete	Date:
<input type="checkbox"/> Preliminary Consultation Report sent	Date:
<input type="checkbox"/> Application ID assigned	ID: