

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:

Primary Contact:
(Company name)

Contact Name:

Telephone No.:

E-mail Address:

Address:

City/Town:

Postal Code:

2. Project Information:

Project Intent:	<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"> <input type="checkbox"/> Non-Exporting (parallel operation) <input type="checkbox"/> Emergency Backup only when the grid is not available <input type="checkbox"/> Other (please specify):	
Size:	Proposed Installed Capacity	kW
	Connecting on	<input type="checkbox"/> Single phase <input type="checkbox"/> 3 phase
Project Type:	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	



Site Information	Municipal Address	Address: City/Town/Township: Postal Code: Existing Account number (if applicable):
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<u>FOR OFFICE USE ONLY:</u>	
<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: