

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 cnpplanning2@cnpower.com. If you have any questions, you may send them to the email or phone 905-871-0330.

1. General Information

Project Name:		Date: (YYYY/MM/DD)	
Primary Contact: (Company name)			
Contact Name:			
Address:		City/Town:	
Telephone:		Postal Code:	
Email:			

2. Project Information

Project Intent:	<input type="checkbox"/> Inject energy into the grid <input type="checkbox"/> Do not inject energy to the grid for: <input type="checkbox"/> Load Displacement <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"/> Induction <input type="checkbox"/> Inverter <input type="checkbox"/> Other (please specify): _____	
	DER Fuel/Energy Type:		

Site Information:	Address:		
	City/Town/Township:		
	Postal Code:		
	Existing Account Number (if applicable):		

<u>FOR OFFICE USE ONLY:</u>	
<input type="checkbox"/> Received	Date: _____ (YYYY/MM/DD)
<input type="checkbox"/> Incomplete returned	Date: _____ (YYYY/MM/DD)
<input type="checkbox"/> Complete	Date: _____ (YYYY/MM/DD)
<input type="checkbox"/> Preliminary Consultation Report Sent	Date: _____ (YYYY/MM/DD)
<input type="checkbox"/> Application ID assigned	ID: _____