

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 generator.connections@synergynorth.ca If you have any questions, you may send them to the email or phone 807-343-1037.

1. General Information:

Project Name:	
Application Submission Date:	(YYYY-MM-DD)
Primary Contact: <i>(company name)</i>	
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 <input type="checkbox"/> Do not inject energy to the grid for: <ul style="list-style-type: none"> <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"/> 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): _____

<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:	