

Form A – Preliminary Consultation Application

About This Form

This application form is for generators applying for a Preliminary Assessment to determine connection information. Email the completed Form A to Alectra Utilities at DER@alectrautilities.com. All fields below are mandatory, except where noted. Incomplete applications may be returned by Alectra Utilities.

1. **Date:** _____ (dd/mm/yyyy)

2. **Project Name:** _____

3. Generator Information:

Proposed Total Nameplate Capacity: _____ kW

Generator Connecting on: Single Phase Three Phases

Project Type: Solar Energy Storage Wind Turbine Biofuel
 Gas Turbine Hydraulic Turbine Steam Turbine Fuel Cell
 Diesel Engine Co-gen/CHP (Combined Heat and Power)
 Other (please specify) _____

Project Intent: Load Displacement Net Metering Demand Response
 Emergency Backup Other (please specify) _____

Generator Type: Synchronous Induction Inverter-type

Operation Mode: Parallel Non-Parallel

Transition Type: Closed (“make before break”) Open (“break before make”)

Transition Time (ms): _____ (length of time generator remains parallel to grid)

4. Project Location:

Address _____
 City/Town/Township _____
 Postal Code _____
 Existing Account Number _____
 Contract with Energy Retailer Yes No

Please provide a site plan with approximate line routings for connecting to nearby Alectra Utilities facilities including roads, concession and lot numbers (if applicable).

5. Contact Information:

	Generator Owner (mandatory)	Site Owner (mandatory)	Consultant (optional)
Company / Person			
Contact Person			
Mailing address line 1			
Mailing address line 2			
Telephone			
Email			

Choose a single point of contact: Generator Owner Consultant
 Preferred method of contact with Alectra Utilities: Email Telephone Postal Mail