

Form A Preliminary Consultation Application Distributed Energy Resource (DER) Connections

1. General Information

Project Name _____
 Application Submission Date _____ (YYYY/MM/DD)

2. Applicant's Primary Contact Information

Name _____
 Company (if any) _____
 Address _____
 City/Town _____ Postal Code _____
 Phone Number (Main) _____ Email _____

3. Location of DER Connection

Address _____
 City/Town _____ Postal Code _____
 Description _____

4. Generator Information

Project Intent: Inject energy to the grid for:
 (Check One) Net Metering
 Other (please specify): _____
 Do not inject energy to the grid for:
 Load Displacement
 Emergency Backup only when the grid is not available
 Other (please specify): _____
 Generation Type: Synchronous Induction Inverter Based
 (Check One) Other: _____
 Primary Energy Source: Renewable: _____ Non Renewable: _____
 (Fill in the type)
 Number of Phases: Single Phase Three Phase
 (Check One)
 Output capacity: _____ kW Output Voltage : _____ V
 Existing or New Load?: Existing New

5. Other Information that may be relevant or assist in preliminary review. Use additional sheet if more information is required.

- Please return completed forms via email to: DER@npei.ca