Distributed Energy Resource (DER) Connection	Distributor: TILLSONBURG HYDRO INC.
Preliminary Consultation Information Request (PCIR)	
OEB Template Version 2 (optional information Distributor can provide)	
Distributor Template Version (optional information Distributor can provide)	

1. Instruction

The Applicant should only proceed with this form if the proposed DER project meets the following conditions:

a) Has a capacity larger than 10kW (AC).
b) Not a sole emergency backup generator during a power interruption to the distribution system.

For a micro DER project with a capacity size of 10kW or less, please review the Local Distribution Company (Distributor)'s website for application process.

The Applicant should complete the latest version of the PCIR form, and submit the form per the instruction provided on the Distributor's website. All fields are required, unless otherwise noted, to enable the preliminary connection assessment. The Applicant does not need to commit to any information provided in the PCIR. Changes can be made when applying for a Connection Impact Assessment (CIA). Please note that the preliminary consultation process does not consider the full range of technical evaluations that would be performed through a CIA. The PCR provides additional information on the potential complexity of the connection of the proposed DER. Capacity is not reserved upon completion of a Preliminary Consultation Report (PCR).

Please check the Independent Electricity System Operator (IESO)'s website for information on the System Impact Assessment if the Applicant plans to provide ancillary services.

All kW capacity information in this form should be in AC.

2. Distributor Contact Information

2.01 Contact Information

	A. Distributor Name	-	TILLSONBURG HYDRO INC.	*Pre-populated by Distributor*
	B. Department Name	-	DER CONNECTION	*Pre-populated by Distributor*
	C. Department Address	-	45 JOHN POUND RD	*Pre-populated by Distributor*
	D. Department City & Postal Code	-	TILLSONBURG, N4G 4G8	*Pre-populated by Distributor*
	E. Department Fax	-	n/a	*Pre-populated by Distributor (Optional)*
	F. Department Phone	-	519-688-3009 X 4821	*Pre-populated by Distributor*
	G. Department Email	-	generation@tillsonburg.ca	*Pre-populated by Distributor*

3. General

3.01 Application Information

	A. Project Name	-		-
	B. Application Submission Date	Date		*Format: YYYY-MM-DD*

3.02 Applicant Information

	A. Applicant (Company Name)	-		-
	B. Applicant Type	Select	Other	-
	C. Applicant Representative (Individual Name)	-		-
	D. Applicant Address	-		*Corporate Address (if applicable)*
	E. Applicant City	-		-
	F. Applicant Postal Code	-		*Format: A0A 0A0*
	G. Applicant Fax	-		*Optional*
	H. Applicant Phone	-		*Format: XXX-YYY-ZZZZ*
	I. Applicant Email	-		-

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4. Project Information				
4.01	**Project Nameplate & Type**			
	A. Proposed Capacity (Aggregate)	kW		*AC capacity*
	B. Exporting/Non-Exporting	Select	Non-Exporting	*Indicate if capable of exporting to grid*
	C. Proposed Export Capacity (Aggregate)	kW		*If capacity is different from Proposed Capacity*
	D. Connection Type (Single/Three-Phase)	Select	Three Phase	-
	E. Inverter-Based/Non-Inverter-Based	Select	Inverter-Based	-
4.02	**Proposed DER Fuel/Energy Type**			
	Please use the selection below to identify the proposed DER fuel/energy type.			
	A. Solar	kW		-
	B. Wind	kW		-
	C. Water (Hydroelectric)	kW		-
	D. Biofuel/Biogas	kW		-
	E. Thermal	kW		*Other than biofuel*
	F. Energy Storage (including bi-directional EV)	kW		-
	G. Other	Specify		*Enter specific technology type and kW information*

5. Site Information				
5.01	**Existing Account Holder**			
	A. Existing Account Number (if Applicable)	-		*Required if applicable*
	B. Existing Account Holder Name (if Applicable)	-		*Required if applicable*
5.02	**Site Information**			
	A. Site Address	-		*Location of proposed facility*
	B. Site City/Town/Township	-		-
	C. Site Postal Code	-		-
	D. Site GPS Co-ordinates	-		*Required for rural locations*
5.03	**Existing DERs at Site**			
	If the Applicant has existing DER(s) at the same project site, please provide information required below to ensure proper preliminary connection assessment. If there is a variety of fuel/energy types, please explain in section "6.01 Other Information" below.			
	A. Existing DER Capacity (Aggregate)	kW		*Required if existing DER(s) installed*
	B. Existing DER Connection (Single/Three-Phase)	Select	N/A	*Required if existing DER(s) installed*
	C. Existing DER Type (Inverter/Non-Inverter)	Select	N/A	*Required if existing DER(s) installed*
	D. Existing DER Intent (Exporting/Non-Exporting)	Select	N/A	*Required if existing DER(s) installed*

6. Other Information

6.01 Other Information

A. In the comment box below, the Applicant can provide any additional information that is required as indicated in the above section(s) or considered beneficial for the purpose of obtaining a preliminary connection assessment.

B. If the Applicant chooses to provide accompanying documents, please list them below.

7. Distributor Office Use Only (Optional)

7.01 PCIR Status

A. Date Received	Date		*Completed by Distributor*
B. Date Returned Incomplete	Date		*Completed by Distributor*
C. Date Preliminary Consultation Report Issued	Date		*Completed by Distributor*