Preliminary Consultation Information Request for Distributed Energy Resource (DER) Connections



Phone: 416-542-3099

(voicemail only)

This application is for customers applying for a Distribution Energy Resource (DER) pre-assessment. Email your completed application to **der@torontohydro.com**. If you have any questions, you can contact us at the same email address.

The applicant should only proceed with this form if the proposed DER project is not a sole emergency backup generator intended for use during a power interruption to the distribution system.

The applicant should complete the latest version of the PCIR form, and submit the form per the instruction provided on Toronto Hydro'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's (IESO) 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.

Toronto Hydro contact information

Name: Toronto Hydro Electric

System Limited

Address: 500 Commissioners St.

Situ/Postal and a Toronto ON

City/Postal code: Toronto, ON

Department: DER Connections M4M 3N7 Email: der@torontohydro.com

General

Application informa	tion			
Project name:				
Applicant information				
Applicant (company	name):			
	ease select one of the follow			
DER owner	Property owner / land	Property owner / landlord / property manager Consultant		
Other (please s	pecify):			
Applicant representa	ative (individual name):			
Applicant address:				
City:		Postal code:	_	
Telephone:		Fax:		
Email:				

Project information

Project nameplate & type

Proposed capacity (ag	ggregate):			kW
Please select one of th	ne options:	Exporting	Non-expo	rting
Proposed export capa	city (aggregate):		kW
Connection type:	Single-phase	Three-phase		
Please select one of th	ne options:	Inverter-based	Non-inver	rter-based
Proposed DER fuel/er	nergy type			
Please use the selection	on below to ider	ntify the proposed D	ER fuel/energy	y type(s). Select all that apply.
Solar		kW	Therm	alkW
Wind		kW		y storagekW
Water (hydroelectric)		kW	Other	(enter specific technology type and kW):
Biofuel/biogas		kW		kW
Existing account number in the count number in	per (if applicabl			
Existing account holds	er name (if appl	icable): 		
Site information				
Address:				
City/town/township:				
Postal code:		G	PS co-ordinate	s:
	nnection assess			ide information required below to ensure nergy types, please explain in section
Existing DER capacity	(aggregate):			kW
Existing DER connecti	on: Singl	e-phase Thre	e-phase	
Existing DER type:	Inverter-bas	ed Non-inver	ter-based	Multiple units (provide details in PCIR section 6)
Existing DER intent:	Exporting	Non-expo	orting	Multiple units (provide details in PCIR section 6)

Other information

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.

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

Expected monthly generation, consumption and output from the facility (optional)

Total generation (optional)

Month	kWh	Peak kW
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Total internal consumption (optional)

Month	kWh	Peak kW
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Total output to Toronto Hydro's distribution system (optional)

Note: The total output is the total generation minus the total internal consumption. This value would be negative when the generators are not in operation or when the internal consumption exceeds generation.

Month	kWh	Peak kW
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Office use only

PCIR status		
Date received:	Date returned incompl	ete:
Date preliminary consultation re	port issued:	
of facilitating Distributed Energy Resour and, where applicable, the personal inforpurposes. Toronto Hydro reserves the riginformation on this form, including an endisclosure of the results of the pre-asses communications to and from Toronto Hyapplicable, including but not limited to nintercepted and/or read by unintended pintercepting and/or reading this form an	ces connections. By signing this form, you are mation on this form, and are consenting to ight to verify project information directly from a gineering consultant/developer or any contasment to that party. By opting to submit this rare not being encrypted or secure, and that pame, service address, phone number, email aparties. Toronto Hydro accepts no liability for	form is being collected by Toronto Hydro for the purposes e agreeing to Toronto Hydro collecting the information its usage by Toronto Hydro for the aforementioned in the customer. By providing third party contact act other than the customer, you are consenting to the form, you are acknowledging that you accept the risk of the personal information contained in this form, where address, and Toronto Hydro account number, could be any losses and/or damages caused by unintended parties ow Toronto Hydro collects, uses, and discloses personal accypolicy.
Customer signature		
Customer name (print)	Customer signature	Date