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



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

Department: DER Connections

Address: 500 Commissioners St.

City/Postal code: Toronto, ON

M4M 3N7

Phone: 416-542-3099

(voicemail only)

Email: der@torontohydro.com

General

Application information			
Project name:			
	date:		
Applicant information			
Applicant (company nam	ne):		
Applicant type — please	select one of the following:		
DER owner	Property owner / landlord / property manager Consultant		
Other (please speci	fy):		
Applicant representative	(individual name):		
Applicant address:			
Telephone:		Fax:	
Email:			

Project information

Project nameplate & type

Proposed capacity (a	ggregate):			kW
Please select one of t	he options:	Exporting	Non-expor	ting
Proposed export capa	acity (aggregate	e):		kW
Connection type:	Single-phase	Three-phase		
Please select one of t	he options:	Inverter-based	Non-invert	er-based
Proposed DER fuel/e	nergy type			
Please use the selection	on below to ide	ntify the proposed [DER fuel/energy	type(s). Select all that apply.
Solar		kW	Therma	alkW
Wind		kW		storage kW g bi-directional EV)
Water (hydroelectric) —		kW	Other ((enter specific technology type and kW):
Biofuel/biogas		kW		kW
_				
Site informati	on			
Existing account hold	der			
Existing account num	ber:			
Existing account hold	er name:			
Existing account hold	er email addres	s:		
Site information				
Address:				
City/town/township:				
Postal code:		G	iPS co-ordinates	:
Existing DERs at site				
If the applicant has ex	nnection assess			de information required below to ensure ergy types, please explain in section
Existing DER capacity	(aggregate):			kW
Existing DER connect	ion: Sing	le-phase Thre	ee-phase	
Existing DER type:	Inverter-bas	sed Non-inve	rter-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 incomplete:	
Date preliminary consultation report is	sued:	
of facilitating Distributed Energy Resources contand, where applicable, the personal information purposes. Toronto Hydro reserves the right to veinformation on this form, including an engineering disclosure of the results of the pre-assessment to communications to and from Toronto Hydro not applicable, including but not limited to name, se intercepted and/or read by unintended parties.	nections. By signing this form, you are agre- on this form, and are consenting to its usage erify project information directly from the cong on consultant/developer or any contact oth that party. By opting to submit this form, being encrypted or secure, and that the pervice address, phone number, email address Toronto Hydro accepts no liability for any locontents. For more information on how Tor-	ustomer. By providing third party contact er than the customer, you are consenting to the you are acknowledging that you accept the risk of ersonal information contained in this form, where s, and Toronto Hydro account number, could be esses and/or damages caused by unintended parties onto Hydro collects, uses, and discloses personal
Customer signature		
		- -
Customer name (print)	Customer signature	Date