	ESPANOLA REGIONAL HYDRO MICROFIT APPLICATION FORM	Rev: 2010-06-15

Usage: This form is to be completed by applicants who intend to connect a renewable generation project of 10kW or less to the Espanola Regional Hydro distribution system under the Ontario Power Authority's (OPA) Feed-In Tariff (FIT) program. **Competed forms are to be submitted to Espanola Regional Hydro only after the applicant has applied to the OPA program online at http://microfit.powerauthority.on.ca/ and received a Conditional Offer from the OPA.**

Responsibilities: Applicants must first familiarize themselves with all requirements of the OPA microFIT program including any requirements relating to ESA, the city building department, their insurer and Revenue Canada. Applicants must also familiarize themselves with our 'Conditions of Service' document which describes our standard terms and conditions, technical requirements and metering requirements for connection to the distribution network. This document is available on our website at www.erhydro.com . A paper copy will only be provided when explicitly requested.

Initial Submission & Inquiries: This form completed, along with any applicable attachments must be returned by e-mail, fax, mail or courier. Related inquires may be addressed similarly. The date an application is considered received is the date upon which this completed form along with all applicable attachments is received at our office. Applications are processed in the order received. Upon receipt of this initial application, an individual will be assigned to the project and all further correspondence should be directly to that person.

By mail or courier:
PUC Services Inc.
765 Queen Street East, P.O. Box 9000
Sault Ste. Marie, Ontario, P6A 6P2
Attn: Electrical Distribution Engineer – microFIT Applications

By phone: (705)759-6500

By fax: (705)949-0083
Attn: Electrical Distribution Engineer – microFIT Applications

By E-mail: Eng-Dept@ssmpuc.com
Subject: Electrical Distribution Engineer – microFIT Applications

***micro*FIT Information**
Project Reference Number:
Applicant Legal Name:
Incremental Project ☐ Yes ☐ No

Primary Contact Information
Name:
Billing Address:

Account Number for existing customer if applicable:
Phone:
Fax:
Email:

Secondary Contact Information
Name:
Mailing Address:
Phone:
Fax:
Email:

microFIT Project Description	
Site Address:	
Fuel Type ☐ Bio-gas ☐ Landfill gas ☐ Renewable biomass	☐ Solar photovoltaic (Solar PV) ☐ Wind ☐ Other (specify):
Nameplate Capacity:	kW
Expected In Service Date:	
If the microFIT project is a Solar PV project:	
Nameplate capacity of the Solar PV panels:	kW
Nameplate capacity of the inverter:	kW
Proposed Connection Method ☐ Directly Connected ☐ ~~Indirectly Connected In-series~~ (not permitted until a conflict in regulations regarding metering accuracy have been resolved between the Ontario Energy Board and Measurement Canada) ☐ Indirectly Connected In-parallel	

If Incremental Project – Existing Generating Facility Description	
Fuel Type ☐ Bio-gas ☐ Landfill gas ☐ Renewable biomass	☐ Solar photovoltaic (Solar PV) ☐ Wind ☐ Other (specify):
Nameplate capacity of Existing Generator Facility:	kW
Combined Nameplate Capacity:	kW
Note: Combined Nameplate Capacity (*micro*FIT Project plus Existing Generating Facility) cannot exceed 10kW.	

I declare the above information to be true and accurate
Name:
Date: