



Form A
Pre-FIT Consultation Application
Brantford Power Inc.

1. Applicant's Contact Information (the party that will be contractually obligated for this generating facility)

Name _____
Company (if any) _____
Mailing Address _____
Phone Number _____ Cell _____
(Main) _____
Fax Number _____ Email _____

2. Location of Interest for Embedded Generation

Street Address or _____
Closest Location _____
Description _____

3. Generator Information

Generation Type: (Check One) Synchronous Induction Inverter
 Other: _____

Number of Phases: (Check One) Single Phase Three Phase

Primary Energy Source: Renewable: _____ Non Renewable: _____
Type: _____

Do you intend to participate in any OPA programs? Yes No
Details: _____

Output capacity: _____ kW

Load displacement? Yes No

Existing or New Load? _____

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

- **Return this form to: Brantford Power Inc., 84 Market St., Brantford ON N3T 5N8. Attn: Steve Faulkner, Supervisor of SCADA, DG's & Smart Grid**
- **E mail: fit@brantford.ca**
- **Phone: 519.751.3522 Ext: 3367 or 3225**