

Interconnection Request Form

To be used to apply renewable generation interconnection in for QEC's Commercial and Institutional Power Producer and Independent Power Producer programs.

To be considered a Completed Application, an application shall include the applicable security deposits in advance of the System Impact Study, as well as provide the information detailed below.

1.	Identity of Applicant	
Со	mpany Name:	
Со	mpany Address:	
Cit	ry, Province/State:	
Ро	stal Code/Zip Code:	
Со	ntact Name:	
Ph	one Number:	Fax Number:
E-N	Mail Address:	
2.	() A change in the gene	Requested nerating Facility On-site. erating capacity, modification of an existing Generating Facility, or existing point of interconnection.
3.	Required Technical Info requiring Confidential I	ormation (provide as applicable) Applicant to designate any information Protection.
pro	dress or location of the oposed/existing enerating Facility:	
Ge Tra	cation diagram for new enerating Facility and ansmission System	() Yes () No



Interconnection Request Form

Name of existing Generating Facility (if applicable):													
Installed Capacity for a new Generating Facility:	kW/M	W											
Anticipated Output for a													
new Generating Facility	Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
									<u> </u>	<u> </u>			
	Peak Generation (kW)												
	Energy (MWh)												
Change in generating													
capacity of an existing Generating Facility:	<u>Month</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	May	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	Nov	<u>Dec</u>
	Peak Generation (kW)												
	Average Energy (MWh)												
Approximate location of the proposed Point of Interconnection:													
Scheduled Commissioning Date (day, month, year):	9												
Commercial Operation Date (day, month, year):													
Initial Synchronization Date (day, month, year):													



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luding:	ower Generating Equipment	
• Power (kW	/MW):	
 Date require (day, mont year): 		
General description generation equipm configuration (atta- additional sheets a needed):	ent ch	
4. Additional Info	rmation_	
Please attach the to Protection.	echnical information. Please	indicate any information requiring Confidential
5. Statement of A represent, on • The ininform	Applicant behalf of the applicant, that formation and representation hation, knowledge and belief	