

# microFIT Application Sample

## Not to be used for submission

Applicants are required to complete and submit this form to obtain a microFIT contract. The microFIT Program is for renewable energy projects that are **10 kW** or less in size. Please refer to the microFIT Rules for more information about the program.

If you have any questions about the program, please contact the OPA at:

FIT Help Centre: 1-888-387-3403 | Fax: 416-967-1947 | Email Address:  
[microFIT@powerauthority.on.ca](mailto:microFIT@powerauthority.on.ca)

By submitting this Application, the Applicant agrees and acknowledges that the Applicant has read and understood the microFIT Rules, obtained independent legal advice, and agrees to comply with all requirements contained therein.

## Section 1 - General Applicant Information

---

### Required fields are marked \*

1. Applicant legal name: \*
  2. Name of proposed microFIT project: \*
  3. Applicant primary contact details
    - First Name: \*
    - Last Name: \*
    - Email Address: \*
    - Mailing Address: \*
    - City/Town: \*
    - Country: \*
    - Province/State/Region: \*
    - Postal/ZIP Code (mandatory for Canada and US):
    - Phone Number: \*
    - Extension:
    - Mobile Number:
  4. Applicant secondary contact details
    - First Name:
    - Last Name:
    - Email Address:

Re-enter Email Address:

Mailing Address:

City/Town:

Country:

Province/State/Region:

Postal/ZIP Code (mandatory for Canada and US):

Phone Number:

Extension:

Mobile Number:

5. Type of Applicant\*:

- Homeowner
- Commercial
- Institutional
- Community
- Aboriginal
- Other – specify:

6. Is the applicant a GST registrant?\*

(We recommend that you contact the Canada Revenue Agency to determine your GST registration requirements)

- No
- Yes

**If yes,** provide the applicant's GST registration number:

## **Section 2 - Project Eligibility Requirements**

---

**Required fields are marked \***

7. Does the proposed microFIT project have an existing OPA contract?\*

- No
- Yes

8. Name of the local distribution company servicing the proposed microFIT project: \*

9. Local distribution company account information for the existing load customer (if applicable)

Account number:

Name on Account:

Mailing Address:

City/Town:

Postal Code (mandatory for Canada and US):

Province:

10. Is the proposed microFIT project converting from a net-metered project?\*

- No  
 Yes

**If yes,** provide the date the net-metered project was connected: \*

11. Address of the proposed microFIT project:

Street Address\*:

City/Town\*:

Postal Code (mandatory for Canada and US)\*:

Province\*:

12. Indicate which renewable energy technology will be used by the proposed microFIT project: \*

- Bio-gas  
 Landfill gas  
 Renewable biomass  
 Solar photovoltaic (PV)  
 Water  
 Wind

13. Nameplate capacity of the proposed microFIT project (in kW): \*
14. Estimated date to submit a connection request to the local distribution company: \*  
(dd/mm/yy)
15. Is the proposed microFIT project an incremental project?\*
- No
  - Yes

**If yes, provide details below:**

- a. Is the applicant the owner or operator of the existing facility?\*
- Yes
- b. Is the municipal address of the existing facility the same as that of the proposed microFIT project?\*
- Yes
- c. Indicate which renewable energy technology is used by the existing facility: \*
- Bio-gas
- Landfill gas
- Renewable biomass
- Solar photovoltaic (PV)
- Water
- Wind
- d. Nameplate capacity of the existing facility (in kW): \*
- e. Total nameplate capacity of facility (in kW):
- f. Estimated or Actual Connection Date of Existing Facility (dd/mm/yy): \*
- g. Does the existing facility have an OPA Contract?\*
- No
- Yes

**If yes,** provide contract number (For example, RESOP 12345):

16. Will you receive any additional grants, government loans or funding for the proposed microFIT project?\*

- No
- Yes

**If yes,** provide details:

17. Will the proposed microFIT Project be connected to a battery back-up or supply system?\*

- No, the proposed microFIT project will not be connected to a battery backup system.
- Yes, the proposed microFIT project will be connected to a battery backup system which will be located downstream of the microFIT project's meter.

18. Please provide a brief description of your proposed microFIT project: \*

## Section 3 - Declaration

---

**Required fields are marked \***

- If you are ready to submit the application form, check this box and click the Submit Application button below. By checking this box and submitting this application form, I hereby declare that the information contained in this document and submitted to the OPA is true, complete and accurate.\*
- By checking this box and submitting an application, I authorize collection by the applicable local distribution company and/or the OPA, of the information set out in the application and otherwise collected in accordance with the terms hereof, and the use of such information for the purposes set out in or incidental to these microFIT Rules, the connection offering or agreement, and for the purpose of offering, managing and directing the microFIT Program generally.\*
- By checking this box and submitting this application, I hereby declare that I have read and understood the domestic content requirements for the microFIT program. I understand that if my project does not meet the domestic content requirements, then my project will not be eligible for a microFIT contract.\*