

## Opt-In Form for Electric Vehicle Charging Rate

Please fill out this form if you are interested in enrolling in the Electric Vehicle Charging Rate (EVC Rate). The EVC Rate reduces the Retail Transmission Service Rates (RTSRs) for participating electric vehicle (EV) charging stations. The EVC Rate is intended for large charging stations with at least one Direct Current Fast Charger (DCFC), also referred to as a Level 3 charger. Personal chargers (e.g., attached to the side of a house) are not eligible.

Further information about the EVC Rate is available on our website:

*[Electricity distributor should set up a webpage about the EVC Rate based on copy to be provided by the OEB].*

To receive the EVC Rate, eligible customers must opt in by completing this form.

*Please email form to [rslu@rslu.ca](mailto:rslu@rslu.ca) or mail to PO Box 699 Prescott, ON K0E 1T0*

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Once we receive the completed form, and unless we have any questions about it, we will begin applying the EVC Rate on your next billing period or as soon as possible after that. You will remain enrolled for as long as the account continues to meet the eligibility requirements listed below. You may opt out of the EVC Rate at any time.

Customer Account Information	
You will need your electricity bill on hand to enter the following information. Enter it exactly as it appears on your electricity bill. If your information is not entered as it appears on your electricity bill, we may not be able to process your form.	
Name on the Account	
Account Number	
Metered Service Identifier (if applicable)	
Service Address	
Customer Contact Information	
Contact Name	
Contact Phone	
Contact Email	
Charging Station Information	
Number of DCFC (Level 3) EV Chargers	

Average Capacity of DCFC (Level 3) EV Chargers (in kW)*	
Number of Level 2 (208/ 240 V) EV Chargers	
Average Capacity of Level 2 EV Chargers (in kW)*	
Number of Level 1 (120 V) EV Chargers	
Average Capacity of Level 1 EV Chargers (in kW)*	
Total installed Capacity of Distributed Energy Resources (DERs), if any (in kW)	
DER fuel type (e.g. solar, wind, water, biofuel/ biogas, thermal, energy storage, other)	

\* If the capacity of chargers differs, provide the average (e.g., If 5 chargers have a capacity of 50 kW and 5 chargers have a capacity of 100 kW, the average entered would be 75 kW).

## Customer Certification

1. On behalf of the account holder, I would like to enrol the account in the EVC Rate.
2. I confirm that the EV charging station associated with the account meets each of the following eligibility criteria:
  - a. The charging station contains at least one DCFC stall (also referred to as a Level 3 charger).
  - b. At least 90% of the account's total monthly peak demand relates to EV charging (i.e., the DCFC and any lower level, non-DCFC chargers); auxiliary loads (e.g. for vending machines, tire inflation or restrooms) do not exceed 10% of the total monthly peak demand.
  - c. The account has a monthly peak demand that is equal to or greater than 50 kW but less than 5,000 kW.
  - d. The account has or is expected to have a 12-month average load factor equal to or less than 20%, calculated according to the following formula:

$$Load\ Factor_{month} = \frac{Electricity\ Consumed\ (kWh)_{month}}{Maximum\ Demand(kW)_{month} \times Number\ of\ Hours_{month}}$$

- e. The charging station does not primarily serve commercial and/or public sector fleets.
- f. The total DER nameplate capacity of any DER connected behind the account's meter does not exceed the total annual peak demand of the charging station.

3. I certify that the information provided on this form is true and accurate, and that in the event *[Distributor to insert name]*  has any questions about it, I will provide true and accurate responses.
4. I acknowledge that I am required to notify *[Distributor to insert name]*  within 30 days of ceasing to meet the eligibility requirements, upon which the account will be removed from the EVC Rate.
5. I acknowledge that if *[Distributor to insert name]*  determines that I deliberately or recklessly provided false information on this form or in response to any of its questions about it, or that I deliberately or recklessly failed to notify *[Distributor to insert name]*  within 30 days of ceasing to meet the eligibility requirements, *[Distributor to insert name]*  will rebill the account for the difference between the EVC Rate that was charged and the RISK that should have been charged, plus interest.
6. I have authority to sign this form on behalf of the account holder.

### Signature

Signature: \_\_\_\_\_

Date:

Name of Individual Signing on Behalf of the Account Holder:

Title of Individual Signing on Behalf of the Account Holder:

If you have any questions about this form, please contact us at 613-925-3851 or [rslu@rslu.ca](mailto:rslu@rslu.ca)