

microFIT PRESCRIBED FORM: Applicant Declaration

OPARP/f-mFIT-005r6

If you are an Applicant under the microFIT Program and your Application is being prepared or submitted by a representative, agent or other party acting on your behalf, you must review the declarations set out below and include a signed copy of this Applicant Declaration with your Application.

Where more than one Eligible Participant is listed as an Applicant, **each** Eligible Participant must submit a separate Applicant Declaration.

I, _____, hereby declare that:

1. I am the Applicant set out in the Application.
2. I hereby authorize my representative, _____ to submit my Application and to act on my behalf with respect to the microFIT Program. I may revoke this authorization at any time by providing written notice to the Ontario Power Authority (“OPA”).
3. I have been provided with the username and password to access the “My microFIT Home Page” associated with my Application. I acknowledge and agree that I am responsible for retaining and protecting my username and password.
4. I have received and reviewed a copy of the Website Terms of Use available on the “My microFIT Home Page” associated with my Application, and I agree to be bound by such Website Terms of Use.
5. I have received, reviewed and understood the microFIT Rules and microFIT Contract.
6. I have reviewed the contents of my Application and I declare that the information contained in or submitted with or as part of my Application, including, without limitation, the declarations provided therein, is true, complete and accurate in all respects.
7. I am responsible for providing valid contact information for the purpose of correspondence related to the microFIT Program, monitoring emails from the OPA and regularly checking my My microFIT Home Page for updates and notices.
8. I understand and acknowledge that my representative may receive all notices and communications pertaining to my participation in the microFIT Program, including, notices and communications relating to my Application and any microFIT Contract.
9. I acknowledge and agree that, other than my agreement to amend or assign a microFIT Contract, the OPA may consult and discuss my Application and any microFIT Contract with my representative and may rely on the instructions, requests and decisions of such representative. I further acknowledge and agree that such acts of my representative shall be binding on me as to all matters pertaining to my Application and any microFIT Contract, other than and not including the power or authority to amend or assign my microFIT Contract.
10. I acknowledge and agree that I remain liable to the OPA for all representations, warranties, obligations, covenants and liabilities under my Application and any microFIT Contract arising from my Application.
11. I acknowledge the collection, use and disclosure/sharing of information as set out in Section 6.2 of the microFIT Rules, and I consent to such collection, use and disclosure/sharing of information as described in Section 6.2 of the microFIT Rules.

All capitalized terms not herein defined shall have the meanings ascribed to them in the microFIT Rules, Version 2.0.

I make these declarations in support of my Application under the microFIT Program and for no other or improper purpose.

DATED the _____	day of _____	, 20__	Applicant Initials: _____
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NOTE: If the Applicant is a **natural person**, use the following signature block.

I have read and understood the declarations on Page 1 of the Applicant Declaration microFIT Prescribed Form.

By:

Signature

Name

NOTE: If the Applicant is a **corporation** or **co-operative**, use the following signature block.

I have read and understood the declarations on Page 1 of the Applicant Declaration microFIT Prescribed Form.

By:

Signature

Name

Title

I have the authority to bind the corporation/co-operative.

NOTE: If the Applicant is a **Limited Partnership**, use the following signature block.

I have read and understood the declarations on Page 1 of the Applicant Declaration microFIT Prescribed Form.

, by its general partner

By:

Signature

Name

Title

I have the authority to bind the corporation. The corporation has the authority to bind the limited partnership.

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NOTE: If the Applicant is a **Partnership**, use the following signature block. Include sufficient and applicable signature lines for all partners required to sign the Application on behalf of the Partnership.

I have read and understood the declarations on Page 1 of
the Applicant Declaration microFIT Prescribed Form.

, by its partner

By:

Signature

Name

Title

By:

Signature

Name

Title

NOTE: If the Applicant is a **Municipality, University, College, School Board, School** or **Faith-based Organization** with independent legal personality, use the following signature block.

I have read and understood the declarations on Page 1 of
the Applicant Declaration microFIT Prescribed Form.

By:

Signature

Name

Title

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NOTE: If the Applicant is a "**Band**", within the meaning of the Indian Act (Canada), use the following signature block.

*I have read and understood the declarations on Page 1 of
the Applicant Declaration microFIT Prescribed Form.*

as authorized by Band Council resolution

By:

Signature

Name

Title