



**Schedule 5 Application for Generation Licence - Self Generators 20 kW and over**

Section A - 1:

1. Name of Applicant: .....  
( ) Individual      ( ) Company      ( ) Partnership

2. Postal Address: .....  
.....  
.....

3. Street Address: .....  
.....  
.....

4. Telephone No: ..... (m) .....  
Fax No: .....

5. E Mail: .....

6. Address/location where Generator is installed:  
.....  
.....  
.....

**Section A - 2**

1. Is the generation equipment you own and/or operated/used as your main source of electricity or for stand-by purposes only?

( ) Main Source

( ) Standby Purposes Only

2. Please provide the following information about your generation equipment  
*(attach additional pages if spaces provided below are not sufficient):*

a. Prime Mover \_\_\_\_\_

g. Output Voltage \_\_\_\_\_

b. Date of Installation \_\_\_\_\_

h. Fuel Type \_\_\_\_\_

c. Manufacturer \_\_\_\_\_

i. Est. Cost/ kWh (EC\$) \_\_\_\_\_

d. Capacity Rating (KVA) \_\_\_\_\_

j. kWh Generated/Mth \_\_\_\_\_

e. Single or Three Phase \_\_\_\_\_

k. Av. Fuel Cons/Mth (gals) \_\_\_\_\_

f. Frequency (50 or 60 Hz) \_\_\_\_\_

l. Av. Oper. Hrs./Mth \_\_\_\_\_

3. How/where is the generator housed? \_\_\_\_\_

\_\_\_\_\_

4. How/where is fuel stored? \_\_\_\_\_

5. Vol. of Fuel storage? \_\_\_\_\_

6. How is the lubricating oil used in the generator disposed of?

\_\_\_\_\_

7. What kind of emission control device does the installation have?

\_\_\_\_\_

8. What kind of noise control device does the installation have?

9. (For businesses) Do you have an environmental management plan?  
\_\_\_\_\_ (If yes), please attach a copy.
10. Is the installation certified by the Government Electrical Inspector? \_\_\_\_\_  
(Attach copy of certificate)
11. Will the generator be connected to the National Grid? ( ) Yes ( ) No

I hereby represent that the information contained on this application is true and accurate to the best of my knowledge and belief.

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

Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Company: \_\_\_\_\_

**Post/Email or hand-deliver this application to:**  
**Executive Director**  
**INDEPENDENT REGULATORY COMMISSION**  
**42- Cork Street**  
**Roseau, Commonwealth of Dominica**  
**Tel: 767 440 6634 Fax: 767 440 6635**  
**Email: [admin@ircdominca.org](mailto:admin@ircdominca.org)**  
**[www.ircdominca.org](http://www.ircdominca.org)**