

Application/Registration Form for Solar Generation

1. CONTACT AND LOCATION INFORMATION

SECTION A.

Main Applicant (License is issued in this name, individual or organization):

Name of Organization (if applicable): ASI Service center
First Name: Roland Last Name: Delsol J
Address: Grand Bay Dominica
Telephone: 6155527 Mobile: Fax:
Email address: audiosolutionsinc1@gmail

SECTION B.

Information for Location of Installation:

Name of Property Owner: Roland Delsol J
Address: Grand Bay Dominica
Telephone: 6155527 Mobile: Fax:
Email address: audiosolutionsinc1@gmail
Type of Location: Residential ☐ Commercial ☒ Industrial ☐ Government ☐

2. SYSTEM DESCRIPTION

- (a). Voltage Delivered: 1 Phase: 230 V ☐ 120/240 V ☐ 3 Phase: 400 V ☒ 11 kV ☐
(b). Total Load to be Connected to System (kW): 8
(c). Total PV (DC) Capacity (kWp) 10 (d). Total Inverter (AC) Capacity (kW): 10
(e). PV Mounting Location: On Roof ☒ On Ground ☐ Other ☐
(f). Type of Structure: House ☐ Apt. Building ☐ Office Building ☒ Educational ☐
Health Care ☐ Industrial ☐ Other ☐
(g). Describe Type of Roof (for roof mounted systems; sloped or flat, materials, etc.):
FLAT CONCRETE ROOF
(h). Will the solar PV system be connected to the National Grid? Yes ☒ No ☐
(i). Electricity Generated by the Solar System will be used as:
Main Source ☐ Standby ☐ Supplement to utility usage ☒ Other ☐

3. INVERTER INFORMATION

- (a). Number of Inverters: 2
- (b). Manufacturer: SolaX Power
- (c). Model #: X1 Series, X1-5.0-T-DL
- (d). AC Rating of Inverters: 5 kVA
- (e). Proposed Inverter Locations: INDOORS
- (f). Certifications: IEC62109-1/-2, IEC61721, IEC62116, IEC 61683, IEC 60068

4. PV MODULE INFORMATION

- (a). Number of Modules: 36
- (b). Manufacturer: SOLEOS
- (c). Model #: SOLEOSM66-280
- (d). Dimensions of each module: 1640 X 992 X 40 mm
- (e). Module Power Rating (kWp): 0.28
- (f). Certifications: CEC, TUV

5. STORAGE INFORMATION

- (a). Does the system include storage? Yes ☐ No ☒
- (b). If Yes state the total capacity (Ah):
- (c). Battery Model #:
- (d). Manufacturer:
- (e). Battery Type (FLA, Li-ion, etc.):
- (e). Total Voltage of Storage:
- (f). Expected Daily kWh usage from storage:
- (g). Certifications:

6. MOUNTING SYSTEM INFORMATION

- (a). Describe Mounting System: 5 * FLAT ROOF MOUNT
- (b). Manufacturer: CHIKO
- (c). Model #: R6

7. ITEMS TO SUBMIT

Please submit the following as part of your application where applicable:

ITEM (Please indicate with check mark that you have submitted)	Attached?
One-line diagram of the proposed solar system:	<input checked="" type="checkbox"/>
Inverters Spec. Sheet:	<input checked="" type="checkbox"/>
Solar Modules spec. sheet:	<input checked="" type="checkbox"/>
Storage System spec. sheet (if applicable):	<input type="checkbox"/>
Mounting System spec. sheet (if applicable):	<input type="checkbox"/>

8. DECLARATIONS

I (we) hereby declare that I (we) own the property on which the solar system is to be installed or have the permission of the property owner to install the system on said property.

Applicant Signature:  Date: 01/05/2022

I Roland Delsol hereby declare that the information contained in this application is true and accurate to the best of my knowledge.

Applicant Signature:  Date: 01/05/2021

Applicant Name (block letters) Roland Delsol

Organization (if applicable): AST Service Center

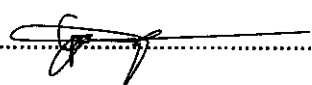
Position in Organization (if applicable): CEO

If application is prepared by someone other than the main applicant please provide details below:

Name (block letters): Gilbert George

Address: EMS LTD, P.O. BOX 40, Canefield, DOMINICA, WEST INDIES

Tel. #: 767 617 1981

Signature:  Date: 11/30/2021

