

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

## Section A - 1:

\* e.e. .

| 1. | Name of Applicant: AUTOTRADE                      |  |  |
|----|---|--|--|
|    | () Individual () Company () Partnership           |  |  |
| 2. | Postal Address:                                   |  |  |
|    | P.O BOX HO  |  |  |
|    |   |  |  |
| 2  |   |  |  |
| 3. | Street Address: Canefield                         |  |  |
|    |   |  |  |
|    |   |  |  |
| 4. | Telephone No: 255-6800 (m) 235-5275               |  |  |
|    | Fax No:   |  |  |
| 5. | EMail: Karlnassief @ autotrade.dm                 |  |  |
| 6. | 5. Address/location where Generator is installed: |  |  |
|    | AUTOTRADE Ltd. Canefield                          |  |  |
|    | 1. 2  |  |  |
|    |   |  |  |
|    | · · · · · · · · · · · · · · · · · · ·             |  |  |

## Section A - 2

1.11.16

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 Suplementary 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 Voltage411        |  |  |
|--|-----------------------------|--|--|
| b. Date of Installation April 2013   | h. Fuel Type NA             |  |  |
| c. Manufacturer SAMIL  | i. Est. Cost/ kWh (EC\$)    |  |  |
| d. Capacity Rating (KVA) 60 KW   | j. kWh Generated/Mth        |  |  |
| e. Single or Three Phase Three Phose   | k. Av. Fuel Cons/Mth (gals) |  |  |
| f. Frequency (50 or 60 Hz)   | l. Av. Oper. Hrs./Mth       |  |  |
| <ul> <li>3. How/where is the generator housed? <u>Solar Pauls</u> an <u>Roof and Other Components in Building</u></li> <li>4. How/where is fuel stored? <u>NA</u></li> <li>5. Vol. of Fuel storage? <u>NA</u></li> <li>6. How is the lubricating oil used in the generator disposed of?</li> </ul> |                             |  |  |
| 7. What kind of emission control device does the installation have?  |                             |  |  |

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

- 9. (For businesses) Do you have an environmental management plan?
- 10. Is the installation certified by the Government Electrical Inspector?

   (Attach copy of certificate)

   *Hfar Lustallation*

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: <u>AUTOTRADE</u>

Mail or hand-deliver this application to: Executive Director INDEPENDENT REGULATORY COMMISSION Top Floor- Lot 42-2 Independence Street Roseau Commonwealth of Dominica