

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

Section A - 1:

1. Name of Applicant: OFFICE OF DISASTER MANAGEMENT  
( ) Individual (i) Company ( ) Partnership
2. Postal Address: JIMMIT, DOMINICA  
c/o MINISTRY OF NATIONAL SECURITY AND  
HOME AFFAIRS, 3<sup>rd</sup> FLOOR, FINANCIAL CENTRE
3. Street Address: KENNEDY AVENUE  
ROSEAU  
DOMINICA
4. Telephone No: 767 618 4412 (m) 767 618 3252  
Fax No: 767 448 2332
5. E Mail: odm@dominica.gov.dm ; admsec@dominica.gov.dm
6. Address/location where Generator is installed:  
CASTLE BRUCE DISASTER RELIEF WAREHOUSE  
CASTLE BRUCE MAIN ROAD  
CASTLE BRUCE, DOMINICA

## 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 CUMMINS 4BT3.9-G2 g. Output Voltage 230V  
b. Date of Installation OCTOBER 14 2021 h. Fuel Type DIESEL  
c. Manufacturer AGC CUMMINS CSSDB i. Est. Cost/ kWh (EC\$) \_\_\_\_\_  
d. Capacity Rating (KVA) 30 j. kWh Generated/Mth \_\_\_\_\_  
e. Single or Three Phase SINGLE k. Av. Fuel Cons/Mth (gals) \_\_\_\_\_  
f. Frequency (50 or 60 Hz) 50 l. Av. Oper. Hrs./Mth approx. 10 hours

3. How/where is the generator housed? NEXT TO BUILDING  
IN ITS OWN HOUSING (ENCLOSURE)

4. How/where is fuel stored? EXTERNAL TANK

5. Vol. of Fuel storage? 36 GALLONS

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

BURIAL

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

NOT AVAILABLE

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

INSULATED HOUSING

9. (For businesses) Do you have an environmental management plan?  
NO (If yes), please attach a copy.

10. Is the installation certified by the Government Electrical Inspector? YES  
(Attach copy of certificate)

11. Will the generator be connected to the National Grid? NO

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

Signature: Fitzroy Pascal Date: September 20 2021

Name (please print): FITZROY PASCAL

Company: OFFICE OF DISASTER MANAGEMENT



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)