

## 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): DOWASCO
First Name: QUIIVLY Last Name: HWG UL
Address: 3 HIGH STREET, ROSEAU
Telephone: 275 4709 Mobile: 275 1155 Fax:
Email address: g. angol @ downsto.dm m. williams @ downsto.dm
SECTION B.
Information for Location of Installation:
Name of Property Owner: DOWASCO
Address: JIMMIT
Telephone: Mobile: Fax:
Email address:
Type of Location: Residential Commercial Industrial Government
Main Applicant (License's issued 2. SYSTEM DESCRIPTION magnetic transfer and the pull
(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):
(c). Total PV (DC) Capacity (kWp) (d). Total Inverter (AC) Capacity (kW): 30
(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.):
(h). Will the solar PV system be connected to the National Grid? Yes No No No electricity
(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:  (b). Manufacturer: FRONIUS  (c). Model #s: 5.0 - 3 - M  (d). AC Rating of Inverters: 230 V 400 V (+20°10 - 30°10)  (e). Proposed Inverter Locations:  (f). Certifications:	
4. PV MODULE INFORMATION	
(a). Number of Modules:	
5. STORAGE INFORMATION	
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(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:	
(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:	

Tel: 1-/67-448-4811 or 1-767-255-2980



## 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:	×
Inverters Spec. Sheet:	Ŋ
Solar Moules spec. sheet:	×
Storage System spec. sheet (if applicable):	
Mounting System spec. sheet (if applicable):	×

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: 14, 17, 22			
Applicant Signature: Date: 1.9.1.0.2.3.2			
hereby declare that the information contained in this application is true and accurate to the best of my knowledge.			
Applicant Signature: Date: 14, 02, 22			
Applicant Name (block letters) \( \frac{\frac{\pi UIN(\frac{\pi}{2})}{2}}{2} \)			
Organization (if applicable):			
Position in Organization (if applicable):			
If application is prepared by someone other than the main applicant please provide details below:  Name (block letters):			
Address:  P.O. BOX 185 #3 High Street Roseau  Commonwealth of Deminica			
Signature Date: Website: www.dowesco.dm			