



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: QUINCY Last Name: ANGOL
 Address: 3 HIGH STREET, ROSEHILL
 Telephone: 2754709 Mobile: 275 1155 Fax:
 Email address: q.angol@dowasco.dm m.williams@dowasco.dm

SECTION B.

Information for Location of Installation:

Name of Property Owner: DOWASCO
 Address: TETE MORNE
 Telephone: Mobile: Fax:
 Email address:
 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):
 (c). Total PV (DC) Capacity (kWp) 33.28 (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 electricity to DOMLEC grid.
 (i). Electricity Generated by the Solar System will be used as:
 Main Source ☐ Standby ☐ Supplement to utility usage ☒ Other ☐

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 checked="" 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: [Signature] Date: 14.02.2022

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

Applicant Signature: [Signature] Date: 14.02.22

Applicant Name (block letters) QUINCY D ANGOL

Organization (if applicable): DOWASCO

Position in Organization (if applicable): ENGINEER

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

Name (block letters):

Address:

Tel. #:

Signature Date:

D/ea Water & Sewerage Co. Ltd (DOWASCO)
P.O. BOX 185
#3 High Street
Roseau
Commonwealth of Dominica
Website: www.dowasco.dm
Email: dowasco@dowasco.dm
Tel: 1-767-448-1111 or 1-767-255-2900

3. INVERTER INFORMATION

- (a). Number of Inverters: 2
- (b). Manufacturer: FRONIUS
- (c). Model #: SYMO 15.0-3-M
- (d). AC Rating of Inverters: 230 V/400 V(+20% -30%)
- (e). Proposed Inverter Locations:
- (f). Certifications:

4. PV MODULE INFORMATION

- (a). Number of Modules: 104
- (b). Manufacturer: HECKERT SOLAR GmbH
- (c). Model #: NEMO 2.0 60M 320
- (d). Dimensions of each module: 1670mm/1006mm/38mm
- (e). Module Power Rating (kWp): 320
- (f). Certifications:

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: SOLAR TABLE
- (b). Manufacturer: WAGNER SOLAR GmbH
- (c). Model #: TRIC FLEX FOUR