

REGISTRATION FORM SELF GENERATORS

THIS FORM HAS TWO PARTS - PART A and PART B

PART A

Please provide the information requested in **Attachment A** for each generating facility. If more room is needed to list all generating facilities, attach additional copies of Attachment A or lengthen the table electronically.

1. Legal name of the Registering Party.

RESTAURANT CONCEPTS

2. Registering Party's Dominica postal address

PO Box 40
ROSEAU, DOMINICA

3. Registering Party's Street address (if different from postal address)

SAME

4. Name, title, address, telephone number, fax number, and e-mail address of the person to whom communications relating to the self-generator should be addressed.

CARL DUNCAN
EMS LTD.
CANEFIELD
carlduncan@energymsl.com
Tel: 767-255-6813

5. Address/location where generator is installed

ROSS UNIVERSITY CAMPUS
PORTSMOUTH

PART B

1. Is the generation equipment you own and/or operate/used as your main source of electricity or for stand-by purposes only?

() Main Source

() Standby Purposes Only

2. How/where is the ^{Solar PV} generator housed?

The solar PV System is roof mounted

3. How/where is fuel stored?

N/A

4. Volume of fuel storage?

N/A

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

N/A

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

None

FORM FOR REGISTRATION OF SELF GENERATORS
ATTACHMENT A (Sheet ___ of ___)

| | Manufacturer | Date installed dd/mm/yyyy | Output Voltage | Fuel type | Capacity rating (KVA) | Single or 3 phase | Frequency (50 or 60) | Est. Cost/ kWh (EC\$) | kWh generated /mth | Avg fuel consumption /mth | Avg oper. hrs/mth |
|---|----------------------------|------------------------------|-------------------|-----------|--------------------------|----------------------|-------------------------|--------------------------|--------------------------|---------------------------------|----------------------|
| 1 | BAQO Model: DQ250PSC | March 2015 | 3Ø 420 | None | 60kW | 3 phase | 50Hz | \$10.39 | 9,000 | — | 200 |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |

N.B. If more room is needed to list all generating facilities, attach additional copies of Attachment A or lengthen the form electronically.

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

N/A

8. (For businesses) Do you have an environmental management plan? _____
(If yes), please attach a copy.

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

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

Signature: [Signature]

Date: Feb 19, 2015

Name (please print): Carl Duncan

Company: EMS Ltd.

Post /Email or hand-deliver this form to:
Executive Director
INDEPENDENT REGULATORY COMMISSION
42-2 Kennedy Avenue
Roseau, Commonwealth of Dominica
Tel: 440 6634 Fax: 440 6635
email: admin@ircdominica.org
www.ircdominica.org