



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*): Fine Foods Inc.

First Name: Last Name:

Address: P.O. BOX 40, Canefield, DOMINICA, WEST INDIES

Telephone: 225-6810 Mobile: Fax:

Email address:

SECTION B.

Information for Location of Installation:

Name of Property Owner: Fine Foods Inc.

Address: 90 King George V Street

Telephone: (767) 255-6810 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) ^{35.6} (d). Total Inverter (AC) Capacity (kW): ³⁴

(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.):
FLAT CONCRETE ROOF

(h). Will the solar PV system be connected to the National Grid? Yes No

(i). Electricity Generated by the Solar System will be used as:
Main Source Standby Supplement to utility usage Other

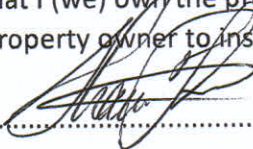
7. ITEMS TO SUBMIT

Please submit the following as part of your application where applicable:

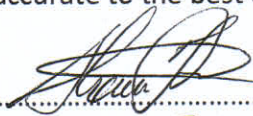
ITEM (Please indicate with check mark that you have submitted)	Attached?
One-line diagram of the proposed solar system:	✓
Inverters Spec. Sheet:	✓
Solar Modules spec. sheet:	✓
Storage System spec. sheet (if applicable):	
Mounting System spec. sheet (if applicable):	

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: 15/6/22

× I SHANE PIERRE hereby declare that the information contained in this application is true and accurate to the best of my knowledge.

× Applicant Signature:  Date: 15/6/22

× Applicant Name (block letters) SHANE PIERRE

× Organization (if applicable): EMS LTD

× Position in Organization (if applicable): General Manager

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

Name (block letters): Gilbert George

Address: EMS LTD, P.O. BOX 40, Canefield, DOMINICA, WEST INDIES

Tel. #: 255-6813

Signature  Date: