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

## Section A - 1:

1.	Name of Applicant:, J. Astaphan & Company Ltd.		
	() Individual (x) Company () Partnership		
2.	Postal Address: 65 King George V Street, Roseau, Dominica		
3.	Street Address:		
4.	Telephone No:		
	Fax No:		
5.	E Mail:pastaphan@cwdom.dm / pastaphan@gmail.com		
6.	Address/location where Generator is installed:		
	65 King George V Street, Roseau , Dominica		

## Section A - 2

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1.	Is the generation equipment you own and/or	r operated/used as your main
	source of electricity or for stand-by purposes only	? de Sumplandana
	Jource of choice of the state o	a sapplementary
		urposes Only

() Standby Purposes Only () Main Source

2. Please provide the following information about your generation equipment (attach additional pages if spaces provided below are not sufficient):

a. Prime Mover	g. Output Voltage <u>30 / 416</u>	
b. Date of Installation <u>November / 201</u> 5	h. Fuel Type N/A	
c. Manufacturer _ Trina Solar	i. Est. Cost/ kWh (EC\$)	
d. Capacity Rating (KVA) 21H	j. kWh Generated/Mth 25,000	
e. Single or Three Phase <u>3 Phase</u>	k. Av. Fuel Cons/Mth (gals)N/A	
f. Frequency (50 or 60 Hz) 50 Hz	l. Av. Oper. Hrs./Mth200	
3. How/where is the generator housed?	?On the roof	
4. How/where is fuel stored?	N/A	
5. Vol. of Fuel storage?	N/A	
6. How is the lubricating oil used in the	generator disposed of?	
N/A		
7. What kind of emission control device	e does the installation have?	
N//	Α	
8. What kind of noise control device do	es the installation have? N/A	

9. (For businesses) Do you have an environmental management plan? (If yes), please attach a copy. NO 10. Is the installation certified by the Government Electrical Inspector? (Attach copy of certificate) 11. Will the generator be connected to the National Grid? (X) Yes ( ) No I hereby represent that the information contained on this application is true and accurate to the best of my knowledge and belief. Sighature: Date: Name (please print): VIERC Company (ing George V Street P.O. Box 75, Roseau Commonwealth of Dominica Tot: Post/Email of Mand-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 www.ircdominca.org

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