

# 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.

Jolly's Pharmacy Ltd.

2. Registering Party's Dominica postal address

8 King George V St.  
Box 232  
Roseau

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

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.

Nigel Casey Operations Supervisor Jolly's Pharmacy Ltd 448 3388 (tel) 448 5088 (fax)	EMS Ltd. Cane field 855 6813
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5. Address/location where generator is installed

Great George Street  
Roseau

**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 generator housed?

Roof Mounted - Solar pv

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?

N/A

## 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	DAAO SAMUEL Power co.	Proposed 30 <sup>th</sup> December 2014	230V/ 400V	Solar NA	10	3	50	0.36	1828	NA	180
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: \_\_\_\_\_



**EMS Limited**

Date: 3<sup>rd</sup> December, 2014

Name (please print): Felix A. Julien

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](mailto:admin@ircdominica.org)  
[www.ircdominica.org](http://www.ircdominica.org)