

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

2. Registering Party's Dominica postal address

King George V St. Box 232
Roseau
Commonwealth of Dominica

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

SAME AS ABOVE

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.

EMS Ltd
Canefield, P.O. Box 40
Roseau
Dominica
255-6813

5. Address/location where generator is installed

Jolly's Pharmacy
King George V St, Box 232
Roseau
Commonwealth of Dominica

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

Supplementary Source
solar PV system

2. How/where is the generator housed?

PV Panels on Roof
Inverters and ancillaries in the building

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

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

N/A

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

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

Solar PV system
10. Will the ~~generator~~ be connected to the National Grid? () Yes () No

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

Signature:  Date: 07/09/2017

Name (please print): SUSANNE CHARLES

Company: _____



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

**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	SOLAX POWER	20/06/14 Wpelle 20.06.14	230/400	Solar	321	3	50	0.41	5100	0	360
2											
3											
4											
5											
6											
7											

Government of Dominica
 10 Great George Street
 St. John's
 St. John's, Dominica
 2014

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