

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*): Ministry of Education, Human Resource, Planning, Vocational Training & National Excellence
 First Name: Chandler Last Name: Hyacinth
 Address: 2nd Floor, Government Headquarters, Kennedy Avenue, Roseau, Dominica
 Telephone: 767-266-3256 Mobile: 767-611-3551 Fax:
 Email address: pseducation@dominica.gov.dm

SECTION B.

Information for Location of Installation:

Name of Property Owner: Morne Prosper Primary School
 Address: Morne Prosper, Dominica
 Telephone: 767-285-5091 Mobile: 767-611-4222 Fax:
 Email address: pseducation@dominica.gov.dm
 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): 4kW
 (c). Total PV (DC) Capacity (kWp) 5.25 (d). Total Inverter (AC) Capacity (kW): 4kW
 (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 Reinforced Concrete Slab 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

3. INVERTER INFORMATION

- (a). Number of Inverters: 1 PV Inverter 1 Battery Inverter
- (b). Manufacturer: FRONIUS VICTRON
- (c). Model #s: FRONIUS PRIMO 4.0 VICTRON MULTIPLUS II 48/5000
- (d). AC Rating of Inverters: 4kW 180-270V/ 45 - 65Hz 5kW 187-265V/ 45 - 65Hz
- (e). Proposed Inverter Locations: INDOORS INDOORS
- (f). Certifications: EN-IEC 60335-1, EN-IEC 60335-2-29, EN-IEC 62109-1, EN-IEC 62109-2 DIN V VDE 0126-1-1/A1, IEC 62109-1/-2, IEC 62116, IEC 61727, AS 4777-2, AS 4777-3, G83/2, G59/3, CEI 0-21, VDE AR N4105

4. PV MODULE INFORMATION

- (a). Number of Modules: 14
- (b). Manufacturer: LG
- (c). Model #s: NeON 2
- (d). Dimensions of each module: 1,740mm x 1,042mm x 40mm
- (e). Module Power Rating (kWp): 380w
- (f). Certifications: IEC 61215-1 / -1-1 / 2:2016, IEC 61730-1 / 2:2016, UL 61730-1:2017, UL 61730-2:2017 ISO 9001, ISO 14001 OHSAS 18001

5. STORAGE INFORMATION

- (a). Does the system include storage? Yes No
- (b). If Yes state the total capacity (Ah): 45.6kWh
- (c). Battery Model #: PHI3.8 48V M
- (d). Manufacturer: SIMPLIPHI POWER
- (e). Battery Type (FLA, Li-ion, etc.): LITHIUM ION
- (e). Total Voltage of Storage: 48V
- (f). Expected Daily kWh usage from storage: 4.8 kWh
- (g). Certifications: UL, CE, UN/DOT and RoHS compliant components - UL 1973, UL 1642

6. MOUNTING SYSTEM INFORMATION

- (a). Describe Mounting System: Tilt Leg
- (b). Manufacturer: IronRidge
- (c). Model #: XR-100-168A

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: Chandler Hyacinth Date: 29 June 2021

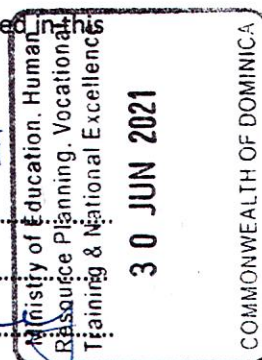
I, Chandler Hyacinth hereby declare that the information contained in this application is true and accurate to the best of my knowledge.

Applicant Signature: Chandler Hyacinth Date: 29 June 2021

Applicant Name (block letters): Chandler

Organization (if applicable): Ministry of Education

Position in Organization (if applicable): Permanent Secretary



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

Name (block letters):

Address:

Tel. #:

Signature Date: