



Regulating Electricity, Promoting Our Energy

PUBLIC NOTICE

INDEPENDENT REGULATORY COMMISSION (IRC)

For the Electricity Sector in the Commonwealth of Dominica

ELECTRICITY SUPPLY ACT No.10 of 2006 (ESA)

Application for Generation Licence

The public is advised that pursuant to **Section 30 of the ESA, Ministry of Health, Wellness, & New Health Investment**, has submitted an application to the Commission for the grant of a **Generation Licence**. The generator is to be located at the **Portsmouth Hospital**.

Interested parties may access the details of the Application on the IRC website www.ircdominica.org or obtain a copy from the IRC's office at

42 Cork Street

Roseau

Tel. 440 6634 /4407247/6156635

Comments on the Application are to be submitted to the IRC by: **August 31st 2020.**

JUSTINN KASE

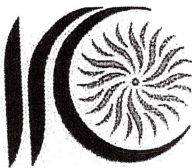
EXECUTIVE DIRECTOR

Independent Regulatory Commission

**Independent
Regulatory
Commission**

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Roseau, Commonwealth of Dominica
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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): Government of Dominica, Ministry of Health

First Name: Last Name:

Address: Portsmouth Dominica

Telephone: Mobile: 275 7829 Fax:

Email address:

SECTION B.

Information for Location of Installation:

Name of Property Owner: Government of Dominica/Ministry of Health

Address: Portsmouth Dominica

Telephone: 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) 15kW (d). Total Inverter (AC) Capacity (kW): 24 kVA

(e). PV Mounting Location: On Roof ☒ On Ground ☐ Other ☐

(f). Type of Structure: House ☐ Apt. Building ☐ Office Building ☐ Educational ☐
Health Care ☐ Industrial ☐ Other ☒ Hospital

(g). Describe Type of Roof (for roof mounted systems; sloped or flat, materials, etc.):

concret roof, sloped

(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 ☒ use at main to critical loads

3. INVERTER INFORMATION

- (a). Number of Inverters: Three (3) Series stacking
 (b). Manufacturer: Out Back Power
 (c). Model #s: GS7048G
 (d). AC Rating of Inverters: 30 Amps
 (e). Proposed Inverter Locations: electrical room
 (f). Certifications: CE UL

4. PV MODULE INFORMATION

- (a). Number of Modules: Forty-five (45)
 (b). Manufacturer: Sink Solar
 (c). Model #s: SKM330PP-72-V
 (d). Dimensions of each module: 39" x 77"
 (e). Module Power Rating (kWp): 330
 (f). Certifications: CE UL

5. STORAGE INFORMATION

- (a). Does the system include storage? Yes ☒ No ☐
 (b). If Yes state the total capacity (Ah): 2288 @ 20hr rate
 (c). Battery Model #: 2700RE
 (d). Manufacturer: Out Back Power
 (e). Battery Type (FLA, Li-ion, etc.): Energy cell RE High capacity VRLA AGM Battery
 (e). Total Voltage of Storage: 48 VDC
 (f). Expected Daily kWh usage from storage: 24456
 (g). Certifications: CE UL

6. MOUNTING SYSTEM INFORMATION

- (a). Describe Mounting System: 2" Galvanised Structure with xR1000 rails
 (b). Manufacturer: IRON Ridge
 (c). Model #: xR1000

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:	<input type="checkbox"/>
Inverters Spec. Sheet:	<input checked="" type="checkbox"/>
Solar Modules spec. sheet:	<input type="checkbox"/>
Storage System spec. sheet (if applicable):	<input checked="" type="checkbox"/>
Mounting System spec. sheet (if applicable):	<input type="checkbox"/>

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:

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

Applicant Signature: Date: 5/29/2020

Applicant Name (block letters) Technical Support Services Ltd.

Organization (if applicable):

Position in Organization (if applicable):

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

Name (block letters): Technical Support Services Ltd

Address: Lower Castle Comfort, Roseau, Dominica

Tel. #: 1 767 235 1339

Signature: TSS

Date: 5/29/2020