

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

Section A - 1:

S. S.

1.	Name of Applicant:MINIYA'S COMPANY LIMITED (LOUISVILLE location)
	() Individual (x) Company () Partnership
2.	Postal Address:CANEFIELD
3.	Street Address:
4.	Telephone No:767 440 4711 (m)
	Fax No:767 440 4991
5.	E Mail:director@miniyascold.com
6.	Address/location where Generator is installed:
0.	Address/location where Generator is installed:
	LOUISVILLE

Section A - 2

- 1. Is the generation equipment you own and/or operated/used as your main source of electricity or for stand-by purposes only?
 - () Main Source (X) Standby Purposes Only
- 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 __430V/3PH_____

b. Date of Installation __JUNE, 2016_____h. Fuel Type ___DIESEL_____

c. Manufacturer _____AKSA ______ i. Est. Cost/ kWh (EC\$)______

d. Capacity Rating (KVA)__50____ j. kWh Generated / Mth _____

e. Single or Three Phase _____3____k. Av. Fuel Cons/Mth (gals) ______

f. Frequency (50 or 60 Hz) ____50____ l. Av. Oper. Hrs./Mth __<1____

- 3. How/where is the generator housed? __OUTSIDE/NEXT TO MAIN BUILDING
- 4. How/where is fuel stored? _IN THE SELF CONTAINED GENERATOR TANK_____

5. Vol. of Fuel storage? _____SELF CONTAINED TANK 154L_____

6. How is the lubricating oil used in the generator disposed of?

WE HAVE NOT HAD TO DO AN OIL CHANGE SINCE INSTALLATION (GENSET HAS NOT RUN FOR ENOUGH HOURS)

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

____N/A_____

- 8. What kind of noise control device does the installation have? NOISE REDUCED CANOPY ENCLOSURE
- 9. (*For businesses*) Do you have an environmental management plan? _____NO______ (If yes), please attach a copy.
- Is the installation certified by the Government Electrical Inspector? _____NO____
 (Attach copy of certificate)

11. Will the generator be connected to the National Grid? _____NO_____

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

Signature: ______Date: 07/JUN/2017

Name (*please print*): ____HILKIAH LAVINIER______

Company: _MINIYA'S COMPANY LIMITED_____

Post/Email or hand-deliver this application to: Executive Director INDEPENDENT REGULATORY COMMISSION 42-2 Kennedy Ave., Roseau, Commonwealth of Dominica Tel: 767 440 6634 Fax: 767 440 6635 Email: <u>admin@ircdominca.org</u> <u>www.ircdominca.org</u>