



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

Section A - 1:

1. Name of Applicant: Princess Margaret Hospital  
( ) Individual       Company      ( ) Partnership

2. Postal Address: Princess Margaret Hospital, Goodwill  
Roseau, Dominica

3. Street Address: \_\_\_\_\_

4. Telephone No: 266 2101 (m) 266 2121

Fax No: 448 - 1971

5. E Mail: P.M.H.Hsc@gmail.com

6. Address/location where Generator is installed:

P.M.H

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

() 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 Combustion Engine g. Output Voltage 400V  
b. Date of Installation 2011 h. Fuel Type Diesel  
c. Manufacturer German i. Est. Cost/ kWh (EC\$) \_\_\_\_\_  
d. Capacity Rating (KVA) 750 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 10  
SERIAL # 5206100

3. How/where is the generator housed? Basement of Utility Block

4. How/where is fuel stored? Fuel Storage Tanks

5. Vol. of Fuel storage? 2000 gallons

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

45 gallon Drums - taken to Fordcoke landfill

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

N/A

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

N/A

9. (For businesses) Do you have an environmental management plan?  
\_\_\_\_\_ (If yes), please attach a copy.

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

11. Will the generator be connected to the National Grid? ( ) Yes (  ) No

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

Signature: [Handwritten Signature] Date: 09/10/20

Name (please print): Kerwin Fontaine



Post/Email or hand-deliver this application to:  
Executive Director  
INDEPENDENT REGULATORY COMMISSION  
42- Cork Street  
Roseau, Commonwealth of Dominica  
Tel: 767 440 6634 Fax: 767 440 6635  
Email: [admin@ircdominca.org](mailto:admin@ircdominca.org)  
[www.ircdominca.org](http://www.ircdominca.org)