



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

Section A - 1:

1. Name of Applicant: Rosalie Conservation Centre
() Individual () Company () Partnership

2. Postal Address: Rosalie, Dominica
c/o Po Box 1986, Roseau

3. Street Address: Rosalie, Dominica

4. Telephone No: (m) 2760009

Fax No:

5. E Mail:

6. Address/location where Generator is installed:

Rosalie Conservation Centre
Rosalie

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 <u>Diesel Engine</u> | g. Output Voltage <u>400/230</u> |
| b. Date of Installation <u>May 22</u> | h. Fuel Type <u>Diesel</u> |
| c. Manufacturer <u>FG Wilson</u> | i. Est. Cost/ kWh (EC\$) _____ |
| d. Capacity Rating (KVA) <u>65</u> | j. kWh Generated/Mth _____ |
| e. Single or Three Phase <u>Three Phase</u> | k. Av. Fuel Cons/Mth (gals) _____ |
| f. Frequency (50 or 60 Hz) <u>50</u> | l. Av. Oper. Hrs./Mth _____ |

3. How/where is the generator housed? Rosalie Conservation Centre

4. How/where is fuel stored? Fuel Tank Well

5. Vol. of Fuel storage? 200 Gallon

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

Waste Disposal System

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

Fuel optimised

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

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? Pending
(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: _____

Date: 19 / 04 / 22

Name (please print): _____

Company: _____

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
www.ircdominca.org