Independent Regulatory Commission

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

Section A - 1:

1. Name of Applicant: .....Springfield Trading ltd.....
   ( ) Individual (X) Company ( ) Partnership
2. Postal Address: P. O Box 21

   Goodwill Road, Roseau, Dominica

   .....
3. Street Address: Goodwill Road

   .....

   .....
4. Telephone No: 1-767-448-2340 (m) 1-767-275-1740

   Fax No: .....
5. E Mail: stl@springbel.com
6. Address/location where Generator is installed:

   Goodwill Road

   .....

   .....

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 _____

b. Date of Installation _November 2020_

c. Manufacturer ___FG Wilson_____

d. Capacity Rating (KVA)__550_____

e. Single or Three Phase ____3_____

f. Frequency (50 or 60 Hz) ___50_____

g. Output Voltage ____400_____

h. Fuel Type _____Diesel_____

i. Est. Cost/ kWh (EC$)_____

j. kWh Generated/Mth _____

k. Av. Fuel Cons/Mth (gals) _____

l. Av. Oper. Hrs./Mth _____

3. How/where is the generator housed? ____Outside_____

   _____

4. How/where is fuel stored? _In generator enclosure and standby tank_____

5. Vol. of Fuel storage? ____500 gals_____

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

   _____Sent to solid waste_____

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

   _____None_____

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

9. *(For businesses)* Do you have an environmental management plan? ____No_____ (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?** ___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: 17/01/2022

Name *(please print)*: NATHALIE SAMPSON

Company: Springfield Trading Ltd

SPRINGFIELD TRADING LTD.
P.O. Box 21, Roseau
Tel: 448-2340/4525/0599
Fax: 448-6007

Post/Email or hand-deliver this application to:
Executive Director
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