

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*):

Ministry of Health Wellness and New Health Investment.
4th Floor, Government Headquarters
Kennedy Avenue, Roseau

Telephone: (767)266-3260

Email address: pssechealth@dominica.gov.dm

SECTION B.

Information for Location of Installation:

Name of Property Owner: Government of Dominica

Address: St. Joseph Health Center, St. Joseph Dominica

Telephone: **Mobile:** **Fax:**

Email address: Same as above

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): 400.

(c). Total PV (DC) Capacity (kWp) 32.4 **(d). Total Inverter (AC) Capacity (kW):** 40

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

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

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

Flat concrete roof .

(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 ☐

3. INVERTER INFORMATION

- (a). Number of Inverters: 2
- (b). Manufacturer: Schneider Electric
- (c). Model #: Conext CL 20
- (d). AC Rating of Inverters: 230/400 V
- (e). Proposed Inverter Locations: Utility area, nurses annex
- (f). Certifications: refer to specification sheet

4. PV MODULE INFORMATION

- (a). Number of Modules: 120
- (b). Manufacturer: Sharp
- (c). Model #: ND-RB270
- (d). Dimensions of each module: 1650 x 992 x 35mm
- (e). Module Power Rating (kWp): 270
- (f). Certifications: refer to specification sheet

5. STORAGE INFORMATION

- (a). Does the system include storage? Yes ☐ No ☒
- (b). If Yes state the total capacity (Ah):
- (c). Battery Model #:
- (d). Manufacturer:
- (e). Battery Type (FLA, Li-ion, etc.):
- (e). Total Voltage of Storage:
- (f). Expected Daily kWh usage from storage:
- (g). Certifications:

6. MOUNTING SYSTEM INFORMATION

- (a). Describe Mounting System: D-Dome flat roof system, (Mounting rails, Module Clamps, Rail Connectors.)
- (b). Manufacturer: K2 Systems
- (c). Model #: D-Dome

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 checked="" type="checkbox"/>
Inverters Spec. Sheet:	<input checked="" type="checkbox"/>
Solar Modules spec. sheet:	<input checked="" type="checkbox"/>
Storage System spec. sheet (if applicable):	<input type="checkbox"/>
Mounting System spec. sheet (if applicable):	<input checked="" 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: Lestrade Wyle PS Ag Date: 9/3/2020

I Leticia Lestrade - Wyle, Permanent Sec Ag hereby declare that the information contained in this application is true and accurate to the best of my knowledge.

Applicant Signature: Lestrade Wyle Date: 9/3/2020

Applicant Name (block letters) Leticia Lestrade-Wyle

Organization (if applicable): Ministry of Health, Wellness & New Health Investment

Position in Organization (if applicable): Permanent Secretary Ag.

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

Name (block letters):

Address:

Tel. #:

Signature Date: