

REGISTRATION FORM SELF GENERATORS

THIS FORM HAS TWO PARTS - PART A and PART B
PART A

Please provide the information requested in **Attachment A** for each generating facility. If more room is needed to list all generating facilities, attach additional copies of Attachment A or lengthen the table electronically.

1. Legal name of the Registering Party.

The Family Dental Practice

2. Registering Party's Dominica postal address

28 Steber St.
Box 9
Roseau

3. Registering Party's Street address (if different from postal address)

4. Name, title, address, telephone number, fax number, and e-mail address of the person to whom communications relating to the self-generator should be addressed.

Dr. Cyril Robinson
28 Steber St.
Box 9, Roseau
Tel. 449 9550
235 9550

EMS Ltd
Cane field
255 6813

5. Address/location where generator is installed

28 Steber St., Roseau

PART B

1. Is the generation equipment you own and/or operate/used as your main source of electricity or for stand-by purposes only?

Main Source

Standby Purposes Only

2. How/where is the generator housed?

Roof mounted Solar P.V.

3. How/where is fuel stored?

NA

4. Volume of fuel storage?

NA

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

NA

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

NA

**FORM FOR REGISTRATION OF SELF GENERATORS
ATTACHMENT A** (Sheet ___ of ___)



	Manufacturer	Date installed dd/mm/yyyy	Output Voltage	Fuel type	Capacity rating (KVA)	Single or 3 phase	Frequency (50 or 60)	Est. Cost/ kWh (EC\$)	kWh generated /mth	Avg fuel consumption /mth	Avg oper. hrs/mth
1	DAQ New Energy corp / Samil	Not yet installed proposed 16 Dec 2010	230V	solar	6 kVA	Single	50	0.38	691	NA	180
2											
3											
4											
5											
6											
7											

N.B. If more room is needed to list all generating facilities, attach additional copies of Attachment A or lengthen the form electronically.

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

NA

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

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

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

Signature: [Handwritten Signature] Date: 3/12/14

Name (please print): CYRIL ROBINSON

Company: THE FAMILY DENTAL PRACTICE

Post /Email or hand-deliver this form to:
Executive Director
INDEPENDENT REGULATORY COMMISSION
42-2 Kennedy Avenue
Roseau, Commonwealth of Dominica
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