



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

Section A - 1:

1. Name of Applicant: George Antoine
 Individual Company Partnership
2. Postal Address: 124 Castle Comfort
Dominica
3. Street Address: 124 Castle Comfort
4. Telephone No: 2770805 (m) 276-0083 / 448602
Fax No:
5. E Mail:
6. Address/location where Generator is installed:
124 Castle Comfort

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 _____ | g. Output Voltage _____ |
| b. Date of Installation <u>Sept 2017</u> | h. Fuel Type <u>Diesel</u> |
| c. Manufacturer <u>BENZA</u> | i. Est. Cost/ kWh (EC\$) _____ |
| d. Capacity Rating (KVA) <u>44 KVA</u> | j. kWh Generated/Mth _____ |
| e. Single or Three Phase <u>3 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? In a shed in the yard

4. How/where is fuel stored? In drum under a shed

5. Vol. of Fuel storage? 45 gallon

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

Give it to Solid Waste Management Corp.

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

Exhaust pipe

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

Has a 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? _____
(Attach copy of certificate)

11. Will the generator be connected to the National Grid? _____

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

Signature: _____

Date: 15-11-2017

Name (please print): _____

G. FERRE ANTOINE

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