MINISTRY OF SCIENCE, ENERGY AND TECHNOLOGY
Application Form v2.0, November 2019
PCJ Building
36 Trafalgar Road
Kingston 10
Tel: (876) 929-8990-9

NET BILLING LICENCES APPLICATION FORM

SECTION A: APPLICANT INFORMATION

1. Type of Application: New Licence ☐ Renewal ☐
2. Category of JPS Customer: Residential *(only Rate 10)* ☐ Commercial /Industrial *(other Rate Classes)* ☐
3. Type of Applicant: Legal Entity ☐ Individual ☐
4. Full Name of Applicant *(name should correspond to JPS Tax Invoice)*: _____
5. Applicant's Phone No. _____ Email: _____
6. Customer No. & Premises No. _____ *(Applicant should submit a copy of JPS Tax Invoice- not older than 3 months)*
7. Meter No. _____ Applicant's TRN (Individual/Legal Entity):_____
8. Full Address of Proposed Generation Facility *(City and Parish should be included)*_____

   _____
9. Generation Facility's Volume No._____ Folio No _____

(If applicant is not registered owner of property, a Voluntary Declaration of Ownership Form must be completed by the registered owner)

10. Mailing Address (if different from number 8): _____

SECTION B: AUTHORIZED REPRESENTATIVE INFORMATION (IF NECESSARY)

Name and address of any person or organization acting on behalf of the Applicant (Contact in Jamaica).

Full Name: _____

Full Address: _____

Phone No.: _____ Email: _____

SECTION C: TECHNICAL INFORMATION

1. Type/Technology of proposed Facility: Solar ☐ Wind ☐ Hydro ☐ Other _____
2. Size/Capacity of Proposed Facility: _____ kW ☐ MW ☐
3. Estimated Annual Production of Facility (MWh): _____
4. Estimated Capital Cost of Facility (J$): _____

5. Electrical Configuration: 1-phase 3-wire ☐ 3-phase 4-wire ☐

6. Supply Voltage of Existing Facility (V): _____

7. Existing Facility Main Breaker (Amps): _____

8. Combined Capacity of Inverters: Nominal _____

9. Number of Inverters: _____

Schedule of Inverters

No.	Nominal Rating (kW)	Model Name and No.	Quantity
1.			
2.			
3.			
4.			
5.			

All inverters must be on the Bureau of Standards Jamaica (BSJ) approved list of inverters

APPLICANT MUST ATTACH PROPOSED ELECTRICAL LINE DRAWINGS CERTIFIED BY EITHER A LICENSED ELECTRICIAN OR A PROFESSIONAL ELECTRICAL ENGINEER REGISTERED BY THE PROFESSIONAL ENGINEERS REGISTRATION BOARD (PERB).

APPLICANTS MUST NOT CONNECT TO OR EXPORT ENERGY TO THE ELECTRICITY GRID WITHOUT THE WRITTEN APPROVAL FROM JAMAICA PUBLIC SERVICE COMPANY.

SECTION D: DECLARATION OF APPLICANT

I/We _____ (Full Name of Individual/Legal Entity), declare that:

1. I am/We are not disqualified from being granted a license by reason of any legal impediment.
2. I/We will secure the technical competence to fully perform the obligations imposed by the license.
3. I/We satisfy the financial requirements for the construction and operation of the facility or provision of service to which this application relates.
4. I am/We are a fit and proper person to be granted a license.
5. All information submitted in favour of this application is true and correct. I/We understand that, if I/We knowingly make any false statement in this application, any license granted pursuant to this application may be revoked.

IF INDIVIDUAL SIGN BELOW:

Signature of Applicant: _____

Taken and acknowledged this the
…….. day of …… 20……..

Before me:……

Justice of the Peace in the parish of:

……

Date: _____

IF LEGAL ENTITY SIGN BELOW:

Name of Director: _____ ***Name of Director/Company Secretary:*** _____

Signature of Director: _____ ***Signature of Director/Company Secretary:*** _____

***Date*:** _____

SEAL HERE

Taken and acknowledged this the

…….day of ……20……..

Before me:……

Justice of the Peace in the parish of:

……

SECTION E: FOR OFFICIAL USE ONLY

DOCUMENTS SUBMITTED	DOCUMENT NUMBER	DOCUMENT DATE
Receipt of Non-refundable processing fee		
Most recent copy of JPS Bill (not older than 3 months)		
Voluntary Declaration of Ownership (if necessary)		
Voluntary Declaration of Consent by Property Owner (if necessary)		
Copy of National Identification for the Applicant		
Proposed Electrical Line Diagram certified by a Licensed Electrician or Professional Electrical Engineer		
If Applicant is a company, Certificate of Incorporation and list of all current Directors		

Received by: _____ **Signature:** _____ **Date:** _____

Application No.: _____ **Verified by:** _____ **Date:** _____