بسم الله الرحمن الرحيم

GEN03
Ver1.0

ޔުޓިލިޓީ ރެގިއުލޭޓަރީ އޮތޯރިޓީ
Utility Regulatory Authority

ރިސޯޓު ތަކުގައި އޮންނަ ބޭނުންތަކުގެ ޚިދުމަތް ފޯރުކޮށްދޭ ނިޒާމު ރަޖިސްޓްރީކުރުމަށް އަދި އޮޕަރޭޓިންގ ލައިސަންސަށް އެދޭ ފޯމު

Application for Utility Service Facility Registration and Operating License for Resorts

General Information / އާންމު މަޢުލޫމާތު

- The form can only be submitted by Resorts operating in the Maldives
- If the signatory of a company is not the owner, a power of attorney document must be submitted.
- The form is divided into 2 services.
- Service 1 is the application for facility registration and consists of 5 parts and Service 2 is the application for operating license and consists of 4 parts
- You may apply both services in the same form
- Documents to be submitted with Service 1 is stated in the Annex 1 and Documents to be submitted with Service 2 is stated in the Annex 2, 3, 4 and 5
- If hand filled, this form is to be filled with blue or black ballpoint ink.
- The application should be submitted after the establishment of the facility.
- If multi-facilities are to be registered through one form, all the facilities should be on the same island.
- If this form is incomplete or failure to submit any document that is required, the application will be rejected.
- If submitting online, the filled form along with the attachments shall be submitted to secretariat@ura.gov.mv email address.

- މި ފޯމު ދިވެހިރާއްޖޭގައި ހިންގާ ރިސޯޓުތަކުން އެކަނި ހުށަހަޅަންވާނެއެވެ.
- ފޯމުގައި ސޮއިކުރާ ފަރާތަކީ ވެރިފަރާތް ނޫންނަމަ، ޕަވަރ އޮފް އެޓަރނީ ހުށަހަޅަންވާނެއެވެ.
- މި ފޯމުގައި 2 ޚިދުމަތެއް ހިމެނެއެވެ.
- ޚިދުމަތް 1 އަކީ ފެސިލިޓީ ރަޖިސްޓްރީކުރުމަށް އެދޭ ބައެވެ. އޭގައި 5 ބައި ހިމެނެއެވެ. ޚިދުމަތް 2 އަކީ އޮޕަރޭޓިންގ ލައިސަންސަށް އެދޭ ބައެވެ. އޭގައި 4 ބައި ހިމެނެއެވެ.
- ޚިދުމަތް ދެކަމަށް އެއް ފޯމެއްގައި އެދެވިދާނެއެވެ.
- ޚިދުމަތް 1 އާއި އެކު ހުށަހަޅަންޖެހޭ ލިޔެކިޔުންތައް އެނެކްސް 1 ގައި ބަޔާންކޮށްފައިވެއެވެ. ޚިދުމަތް 2 އާއި އެކު ހުށަހަޅަންޖެހޭ ލިޔެކިޔުންތައް އެނެކްސް 2، 3، 4 އަދި 5 ގައި ބަޔާންކޮށްފައިވެއެވެ.
- މި ފޯމު އަތުން ފުރާނަމަ ފުރަންވާނީ ނޫ ނުވަތަ ކަޅު ދެލިން ލިޔަންވާނެއެވެ.
- މި ފޯމު ހުށަހަޅަންވާނީ ފެސިލިޓީ ގާއިމުކުރުމަށްފަހުއެވެ.
- މި ފޯމުން އެއްގޮތަށް ގިނަ ފެސިލިޓީތަކެއް ރަޖިސްޓްރީކުރާނަމަ، އެ ފެސިލިޓީތައް ހުރަންވާނީ އެއް ރަށެއްގައެވެ.
- މި ފޯމު ފުރިހަމަ ނުވާނަމަ ނުވަތަ ހުށަހަޅަންޖެހޭ ލިޔެކިޔުމެއް ނެތްނަމަ، ފޯމު ބާތިލުކުރެވޭނެއެވެ.
- އޮންލައިންކޮށް ހުށަހަޅާނަމަ، މި ފޯމު ފުރިހަމަކޮށް ހުށަހަޅަންޖެހޭ ލިޔެކިޔުންތަކާއި އެކު secretariat@ura.gov.mv އީމެއިލް އެޑްރެހަށް ފޮނުވާށެވެ.

Utility Regulatory Authority
Kaasinjee Magu, Henveyru.20044,
Male', Republic of Maldives.

ޔުޓިލިޓީ ރެގިއުލޭޓަރީ އޮތޯރިޓީ
ކާސިންޖީމަގު، ހެންވޭރު، މާލެ 20044
ދިވެހިރާއްޖެ

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Service 1: Application for Facility Registration | ޚިދުމަތް 1: ޚިދުމަތް ފޯރުކޮށްދޭ ނިޒާމު ރަޖިސްޓްރީކުރުން

Section 1: Application Type Choose only one option from the following.		1 ވަނަ ބައި: އެދޭ ޚިދުމަތް ތިރީގައިވާ ޚިދުމަތްތަކުގެ ތެރެއިން އިޚްތިޔާރު ކުރާނީ އެއްގޮތެވެ.
New Registration	☐	އަލަށް ރަޖިސްޓްރީކުރުން
Change of detail	☐	ތަފްސީލު ބަދަލުކުރުން
Termination of registration	☐	ރަޖިސްޓްރީ އުވާލުން
Re-issue (Lost or damaged)	☐	ގެއްލިގެން ނުވަތަ ހަލާކުވެގެން ރަޖިސްޓްރީ އަލުން ދޫކުރުން
Registration No. (if not new):	Click or tap here to enter text.	ރަޖިސްޓްރީ ނަންބަރު (އަލަށް ނޫންނަމަ):

Section 2: Type and purpose of Facility Choose all appropriate.		2 ވަނަ ބައި: ނިޒާމުގެ ބާވަތާއި ބޭނުންކުރާ ގޮތް އެކަށީގެންވާ ގޮޅިގަނޑު(ތައް) ފުރިހަމަކުރައްވާށެވެ.
Power System for		ހަކަތައިގެ ނިޒާމު ގާއިމުކުރަނީ
A2. Commercial & Industrial	☐	A2· ވިޔަފާރި އަދި ސިނާއީ ބޭނުމަށް
B1. Independent Power Producer	☐	B1· އިންޑިޕެންޑެންޓް ޕަވަރ ޕްރޮޑިއުސަރުކަމަށް
B2. Network/Infrastructure Operation	☐	B2· ނެޓްވޯކް ނުވަތަ އިންފްރާސްޓްރަކްޗަރ އޮޕަރޭޓްކުރުން
Water Supply System for		ފެނުގެ ނިޒާމު ގާއިމުކުރަނީ
W-A2. Commercial & Industrial	☐	W-A2· ވިޔަފާރި އަދި ސިނާއީ ބޭނުމަށް
W-B1. Independent Water Producer	☐	W-B1· އިންޑިޕެންޑެންޓްކޮށް ފެން އުފެއްދުމަށް
W-B2. Network/Infrastructure Operation	☐	W-B2· ނެޓްވޯކް/އިންފްރާސްޓްރަކްޗަރ އޮޕަރޭޓްކުރުން
Sewerage System for		ނަރުދަމާ ނިޒާމު ގާއިމުކުރަނީ
W-A2. Commercial & Industrial	☐	W-A2· ވިޔަފާރި އަދި ސިނާއީ ބޭނުމަށް
W-B3. Independent Sewerage Treatment plant	☐	W-B3· އިންޑިޕެންޑެންޓް ނަރުދަމާ ޓްރީޓްމަންޓް ޕްލާންޓް
Detail Design/as-built Approved	Yes ☐ އާން No ☐ ނޫން	ޑީޓެއިލް ޑިޒައިން/އޭޒް-ބިލްޓް އެޕްރޫވްކުރެވިފަ
Detail Design/as-built Approval Reference Number:	Click or tap here to enter text.	ޑީޓެއިލް ޑިޒައިން/ އޭޒް-ބިލްޓް އެޕްރޫވަލްގެ ރެފަރެންސް ނަންބަރު:

Section 3: Owner Details (Applicant) Complete all of the following.		3 ވަނަ ބައި: ވެރިފަރާތުގެ މަޢުލޫމާތު (ހުށަހަޅާ ފަރާތް) ތިރީގައިވާ ހުރިހާ ބައެއް ފުރިހަމަކުރައްވާށެވެ.
Business Name:	Click or tap here to enter text.	ވިޔަފާރީގެ ނަން:
Address:	Click or tap here to enter text.	އެޑްރެސް:
Atoll and Island:	Click or tap here to enter text.	އަތޮޅާއި ރަށް:
Registry No:	Click or tap here to enter text.	ރަޖިސްޓްރީ ނަންބަރު:
Contact No:	Click or tap here to enter text.	ގުޅޭނެ ނަންބަރު:
Email Address:	Click or tap here to enter text.	އީމެއިލް އެޑްރެސް:

Utility Regulatory Authority
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Section 4: Focal point Details		4 ވަނަ ބައި: މުއާމަލާތު ކުރާނެ ފަރާތުގެ މައުލޫމާތު
Complete all of the following.		ތިރީގައިވާ ހުރިހާ ބައެއް ފުރިހަމަކުރާށެވެ.
Name:	Click or tap here to enter text.	ނަން:
ID card Number:	Click or tap here to enter text.	އައި.ޑީ. ކާޑު ނަންބަރު:
Designation:	Click or tap here to enter text.	މަޤާމު:
Email Address:	Click or tap here to enter text.	އީމެއިލް އެޑްރެސް:
Contact Number:	Click or tap here to enter text.	ފޯނު ނަންބަރު:

Section 5: Declaration		5 ވަނަ ބައި: އިޤްރާރު

މަތީގައި ބަޔާންކޮށްފައިވާ މައުލޫމާތަކީ ފުރިހަމަ، ތެދު އަދި ސައްޙަ މައުލޫމާތުތަކެއް، އޮތޯރިޓީން އިލްތިމާސް ބަލާން ބޭނުންވެއްޖެ ހިނދެއްގައި، މި ފޯމުގައި ބަޔާންކޮށްފައިވާ ކަންކަމުގެ ހެއްކާ ހުށަހަޅާނެކަމަށް އަޅުގަނޑު އިޤްރާރުވަމެވެ. އޮތޯރިޓީން ފީލްޑް ބަލާ ޗެކް ކުރަން ބޭނުންވެއްޖެނަމަ، އެކަމުގެ އިންތިޒާމުތައް ހަމަޖެއްސައިދިނުމަށް އަޅުގަނޑު އެއްބަސްވަމެވެ. އަދި މި ފޯމުގައި ބަޔާންކޮށްފައިވާ މައުލޫމާތަކީ ސައްޙަ ނޫން މައުލޫމާތަކަށް ފެނިއްޖެ ހިނދެއްގައި، މި ފޯމު ބާޠިލުކުރުމުގެ އިޚްތިޔާރު ޔުޓިލިޓީ ރެގިއުލޭޓަރީ އޮތޯރިޓީއަށް ލިބިގެންވާކަން އަޅުގަނޑު ޤަބޫލުކުރަމެވެ. މީގެ އިތުރުން، މި އެޕްލިކޭޝަނާއި ގުޅިގެން ދޫކުރެވޭ ހުއްދަތަކުގައި ވާ ޝަރުޠުތަކަށް އަޅުގަނޑު އެއްބަސްވަމެވެ.

I hereby certify that the information provided above is complete, true and correct to the best of my knowledge and shall produce proof of such information if I am called upon to do so. I agree to facilitate any site inspections required by the Authority. I am aware that the Utility Regulatory Authority reserves the right to reject this application, if found that the information provided is false. Additionally, I agree to the terms and conditions of any approval that results from this application.

Name ނަން	Signature ސޮއި	Stamp (if business) ވިޔަފާރި ތައްގަނޑު (ވިޔަފާރިއެއް ނަމަ)
Click or tap here to enter text.		
Designation މަޤާމު		
Click or tap here to enter text.		
Date ތާރީޚް		
Click or tap to enter a date.		

Annex 1: Documents to be submitted along with the form		ޖަދުވަލު 1: ފޯމާއެކު ހުށަހަޅަންޖެހޭ ލިޔެކިޔުން
Choose all appropriate.		އެކަށީގެންވާ ތަކެތި ހިޔާރުކުރައްވާށެވެ.
Resort Operating License	☐	ރިސޯޓުގެ އޮޕަރޭޓިންގ ލައިސަންސް
Copy of Focal Point ID/Registration	☐	ފޯކަލް ޕޮއިންޓުގެ އައި.ޑީ. ނުވަތަ ރަޖިސްޓްރީގެ ކޮޕީ
Notarized power of attorney document (for focal point)	☐	ނޯޓަރައިޒްކޮށްފައިވާ ޕަވަރ އޮފް އެޓަރނީ ލިޔުން (ފޯކަލް ޕޮއިންޓަށް)

Utility Regulatory Authority
Kaasinjee Magu, Henveyru.20044,
Male', Republic of Maldives.

ޔުޓިލިޓީ ރެގިއުލޭޓަރީ އޮތޯރިޓީ
ކާސިންޖީމަގު، ހެންވޭރު، މާލެ، 20044
ދިވެހިރާއްޖެ

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Service 2: Application for Operating License **ޚިދުމަތް 1: ޚިދުމަތް ފޯނުވެއްޖެ ތާވަލުގެ ތެރެއިން ތަކެއް ހޮވާ**

Section 1: Application Type Choose only one option from the following.		1 ވަނަ ބައި: ތަކެއް ހޮވާ ތިރީގައިވާ ހޮވުންތަކުގެ ތެރެއިން ތަކެއް ހޮވާ.
Application Type:		ތަކެއް ހޮވާ:
New	☐	ތާވަލު
Renew	☐	ތާވަލުކުރުން
Termination of License	☐	ދާދިފަސް ކުރުން
Re-issue (Lost /damaged)	☐	ތާވަލު ދެން ދިނުން (ގެއްލިގެން/ހަލާކުވެ)
License Type: Temporary ☐	ވަގުތީ Permanent ☐	ދާއިމީ ލައިސަންސް ގޮތް:
Existing Operating License Number (if applicable):	Click or tap here to enter text.	ހުރިހާ ލައިސަންސް ނަމްބަރ (ތަކެއް ނަގާ):
License period in years for permanent licenses (Refer to Annex 7)	Click or tap here to enter text.	ދާއިމީ ލައިސަންސް ތަކުގެ ވަގުތު، ތާވަލު ދެވޭ ގަޑި (ތާ. 07 ހަމަ)
Note: All temporary licenses will be issued for a period of 01 (one) year.		**ނޯޓް: ހުރިހާ ވަގުތީ ލައިސަންސްތަކެއް ދެވޭނީ 01 (އެއް) ތާ. ގެ ވަގުތަށް.**

Section 2: Operator Details Complete all of the following.		2 ވަނަ ބައި: ސިފައިން ފަރާތުގެ ތަފްޞީލު ތިރީގައިވާ ހުރިހާ ތަފާތެއް ފުރިހަމަ ކުރާ.
Name of Company:	Click or tap here to enter text.	ކުންފުނީގެ ނަން:
Registration Number:	Click or tap here to enter text.	ލިޔުންތެރިކަމުގެ ނަންބަރ:
Mailing Address:	Click or tap here to enter text.	ގެއްލުން:
Email Address:	Click or tap here to enter text.	ބްރޫދާ ގެއްލުން:
Contact Number:	Click or tap here to enter text.	ގުޅޭނެ ނަންބަރ:
Website:	Click or tap here to enter text.	ވެބްސައިޓް:

Section 3: Focal point Details Complete all of the following.		3 ވަނަ ބައި: ގުޅުންތެރި ކުންފުނީގެ ތަފްޞީލު ތިރީގައިވާ ހުރިހާ ތަފާތެއް ފުރިހަމަ ކުރާ.
Name:	Click or tap here to enter text.	ނަން:
ID card Number:	Click or tap here to enter text.	ބަދަލު ކާޑު ނަންބަރ:
Designation:	Click or tap here to enter text.	ވަޒީފާ:
Email Address:	Click or tap here to enter text.	ބްރޫދާ ގެއްލުން:
Contact Number:	Click or tap here to enter text.	ގުޅޭނެ ނަންބަރ:

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Male', Republic of Maldives.

ފްލިކްޓިވ ކަންކަން ބަލަހައްޓާ ދާއިރާ
ކާސިންޖީ ގަދު، ހެންވޭރު، ފާ. 20044
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Section 4: Declaration	4 ވަނަ ބައި: އިޤްރާރު

މަތީގައި ބައްޔަންކޮށްފައިވާ މައުލޫމާތަކީ ފުރިހަމަ، ތެދު އަދި ސައްޙަ މައުލޫމާތުތަކެއް، އޮތޯރިޓީން އިތުރަށް ބަލައިން ބޭނުންވެއްޖެ ހިނދެއްގައި، މި ފޯމުގައި ބައްޔަންކޮށްފައިވާ ކަންކަމުގެ އިތުރު ހެކި ހުށަހަޅާނަމަ އަޅުގަނޑު އެއްބަސްވަމެވެ. އޮތޯރިޓީން ފީލްޑް ޗެކް ކުރަން ބޭނުންވެއްޖެނަމަ، އެކަމުގެ އިންތިޒާމުތައް ހަމަޖެއްސައިދިނުމަށް އަޅުގަނޑު އެއްބަސްވަމެވެ. އަދި މި ފޯމުގައި ބައްޔަންކޮށްފައިވާ މައުލޫމާތަކީ ސައްޙަ ނޫން މައުލޫމާތަކަށް ފެނިއްޖެ ހިނދެއްގައި، މި ފޯމު ބާތިލުކުރުމުގެ އިޚްތިޔާރު ޔުޓިލިޓީ ރެގިއުލޭޓަރީ އޮތޯރިޓީއަށް ލިބިގެންވާކަން އަޅުގަނޑު ގަބޫލުކުރަމެވެ. މީގެ އިތުރުން، މި އެޕްލިކޭޝަނާއި ގުޅިގެން ލިބޭ ހުއްދަތަކުގައި ވާ ޝަރުތުތަކަށް އަޅުގަނޑު އެއްބަސްވަމެވެ.

I hereby certify that the information provided above is complete, true and correct to the best of my knowledge and shall produce proof of such information if I am called upon to do so. I agree to facilitate any site inspections required by the Authority. I am aware that the Utility Regulatory Authority reserves the right to reject this application, if found that the information provided is false. Additionally, I agree to the terms and conditions of any approval that results from this application.

Name ނަން	Signature ސޮއި	Stamp (if business) ވިޔަފާރި ތައްގަނޑު (ވިޔަފާރިއެއް ނަމަ)
Click or tap here to enter text.		
Designation މަޤާމު Click or tap here to enter text.		
Date ތާރީޚު Click or tap to enter a date.		

Annex 2: Documents to be submitted along with the form		ޖަދުވަލު 2: ފޯމާއެކު ހުށަހަޅަންޖެހޭ ލިޔެކިޔުން
Required for all applicants		ހުރިހާ ފޯމަކާ އެކު ހުށަހަޅަންޖެހޭ މައުލޫމާތު:
Copy of Resort Operating License	☐	ރިސޯޓުގެ އޮޕަރޭޓިންގ ލައިސަންސް
Copy of Focal Point ID/Registration	☐	ފޯކަލް ޕޮއިންޓުގެ އައި.ޑީ. ނުވަތަ ރަޖިސްޓްރީގެ ނަކަލު
Notarized power of attorney document (for focal point)	☐	ނޮޓަރައިޒްކޮށްފައިވާ ޕަވަރ އޮފް އެޓަރނީގެ ލިޔުން (ފޯކަލް ޕޮއިންޓަށް)
Network coverage (if there is no detail design/as-built approved)	☐	ނެޓްވޯކް ކަވަރޭޖް (ޑިޓެއިލް ޑިޒައިން/އޭޒް-ބިލްޓް ފާސްކޮށްފައި ނެތްނަމަ)
Commissioning Report	☐	ކޮމިޝަނިންގ ރިޕޯޓް
Please refer to Annex 4 (A & B) for commissioning report template. (only for newly developed resorts)		

Utility Regulatory Authority
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ކާސިންޖީމަގު، ހެންވޭރު، މާލެ، 20044
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Annex 3	ﷺ 3
Part 1: Documents to be submitted for Temporary license and New Applications	1 ﷺ: ވަޒީ ހިއްސާތައް ލިބެންދެން ހުށަހެޅޭ
Operators (Name, ID No, Designation, qualification) – minimum 4 operators with minimum C3 certification. ☐	ޢާއިލާތެއް (ނަން، ތަ.ނ. ކާ، ދަރަޖަ) – ފަހަތުގައި C3 ސެޓްފިކެޓް ހުރި 4 ކަލަ ދަތުރުކުރާ ޢާއިލާތެއް.
List of Safety Equipment ☐	ސަލާމަތީ ގާތްކަން ދެނެގަތުމުގެ ތަކެތި
Part 2A: Documents for Power systems:	2 ﷺ A: ބަލަނޑުގެ ސިސްޓަމަށް ބޭނުންވާ ތަކެތި
Power testing and maintenance equipment list ☐	ބަލަނޑު ޚިދުމަތްތަކުގެ ބަލަހައްޓާ ބަލާ ލުމުގެ ތަކެތި
Part 2B: Documents for Water and Sewerage systems	2 ﷺ B: ފެންގަ ބަލަނޑާ ސިސްޓަމަށް ބޭނުންވާ ތަކެތި
Water Quality test reports ☐	ފުނުގެ ޓެސްޓް ރިޕޯޓް
Wastewater quality test reports	ބަދިސޯފުގެ ޓެސްޓް ރިޕޯޓް
Please refer to Annex 5 for above mentioned testing parameters	**ފުރު ތަކެ ބަދިސޯފުގެ ޓެސްޓް ކުރާ ގޮތް ﷺ 5 ގައި ބަލާ ގަންނަ.**
Water and sewerage laboratory equipment list ☐	ފެންގަ ބަލަނޑާ ލެބޯ ބޭނުންވާ ތަކެތި
Equipment should cover testing requirement stated in Annex 5	**ﷺ 5 ގައި ބަލާ ގަންނަ ގޮތަށް ބޭނުންވާ ތަކެތި ހުރަސްކުރަންވާނެ.**
If laboratory is not established, commitment to carry out the required tests (by other means) should be provided in the form of a letter	**ލެބޯ ހެދިފައި ނެތް ނަމަ، ބަދަލަށް ބޭނުންވާ ގޮތަށް ލިޔުމުން ދެވޭ ވަޢުދު ހުށަހެޅުން ކަށަވަރު ކުރަންވާނެ.**
Part 3: Documents to be submitted for Permanent license	3 ﷺ: ދާއިމީ ވަޒީ ހިއްސާތައް ލިބެންދެން ހުށަހެޅޭ
Operators (Name, ID No., Designation, qualification) – minimum 6 operators with minimum C3 certification. ☐	ޢާއިލާތެއް (ނަން، ދަރަޖަ، ތަ.ނ. ކާ، ދަރަޖަ) – ފަހަތުގައި C3 ސެޓްފިކެޓް ހުރި 6 ކަލަ ދަތުރުކުރާ ޢާއިލާތެއް.
List of Safety Equipment ☐	ސަލާމަތީ ގާތްކަން ދެނެގަތުމުގެ ތަކެތި
Health and safety manual ☐	ސިއްހީ ތަނުގެ ސަލާމަތީ ގާތްކަމުގެ ގާނޫނު
Operation and Maintenance manual ☐	ބަލަނޑުގެ ތަކެތި ބަލާ ބަލަހައްޓާ ގާތްކަމުގެ ގާނޫނު
Emergency response plan ☐	ހަނގުރާ ހާލަތުގައި ކުރަންވާ ކަންތައް
Fire-safety inspection letter (from relevant government body) ☐	ގައިގައި ބާރުގައި ހިންގާ ބަލަ (ސަލާމަތީ ދާއިރާ)
Document stating any conditions issued under a temporary license has been met if any. ☐	ވަޒީ ހިއްސާ ދިނުމުގައި ބަލާ ބަލަ، ކަށަ ކަށަ ކަންތައް ފުރިހަމަ ކުރާ ގޮތަށް ލިޔުމުން ދެވޭ ވަޢުދު.

Utility Regulatory Authority
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ގްރިލެ ގާތްކަން ބަލަހައްޓާ ބަލާ ލުމުގެ ބޯޑު
ކާ.ސިންޖީ ގަ، ހެންވޭރު، 20044
ދ.ކ.، ދިވެހިރާއްޖެ

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Annex 4 A – Commissioning report template (Sewerage)

(Only for newly developed resorts)

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Commissioning Completion Certificate for Sewerage Systems

Project Name	
Project Contractor	
Consultant (if applicable)	
Client (Owner)	
Operator	

Pre-Commissioning (Dry Run)							
Total Pump Stations							
(*Status of pump station- includes the functionality of 2 pumps)							
PS No.	Status	PS No.	Status	PS No.	Status	PS No.	Status

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Outfall Pump Station (Total Pumps)				
Pump No.	Status	Remarks		
1				
2				
	No.	Status	Remarks	
Valve Chambers				
Float switches				
Control Panel				
STP				
Total Power (kW)				
Backup Genset (kW)				
Pre- Commissioning Date				

Utility Regulatory Authority
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ދ.ކ، ދިވެހިރާއްޖެ

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Pre-Commissioning Completed By	Client (Owner)	Operator	Contractor	Consultant (if applicable)
Name				
Signature				
Official Stamp				

Note: Only after a successful pre-commission, the final commissioning should be initiated.

Utility Regulatory Authority
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ދ.ގ، ދިވެހިރާއްޖެ

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Final Commissioning							
Total Pump Stations							
(*Status of pump station- includes the functionality of 2 pumps and float switches)							
PS No.	Status	PS No.	Status	PS No.	Status	PS No.	Status
Additional Comments							
Outfall Pump Station (Total Pumps)							
Pump No.	Status	Remarks					
1							
2							
Additional Comments							

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ކާސިންޖީ މަގު، ހެންވޭރު، މާލެ، 20044
މާލެ، ދިވެހިރާއްޖެ

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Note:

	No.	Status	Remarks
Valve Chamber			
Control Panel			
Float switches			
Alarms			
Pump Station Boundary Wall			
STP			
Pump Station Leak Test			
Network Leak Test			
30% sewer flow to each PS			
Building Connection Level (Toilet to Inspection Chamber)			
Sewer Outfall (Visual Inspection)			
Total Power (kW)			
Backup Genset (kW)			
Jetting vehicle			
Final Commissioning Date			

- Components in the commissioning list are subjected to vary depending on the system; but the main template of the commissioning completion certificate shouldn't be changed.

Utility Regulatory Authority
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Final Commissioning Completed By	Client (Owner)	Operator	Contractor	Consultant (if applicable)
Name				
Signature				
Official Stamp				

Note: Components in the commissioning list are subjected to vary depending on the system; but the main template of the commissioning completion certificate shouldn't be changed

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Annex 4 B – Commissioning report template (Water)

(Only for newly developed resorts)

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Commissioning Completion Certificate for Water Supply Systems

Project Name	
Project Contractor	
Consultant (if applicable)	
Client (Owner)	
Operator	

Pre-Commissioning (Functional Test)			
	No	Status	Remarks
Borehole Depth (m)			
Borehole Pump / Feed Intake Pump			
RO Plant 1			
RO Plant 2			
Rainwater Treatment System			
High Pressure Pump			
Transfer Pump			

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Distribution Pump			
Chlorine Dosing Pump			
Control Panel			
Storage Tank 1 (Inspection)			
Storage Tank 2 (Inspection)			
Brine Pump			
Water meter testing			
Network Leak Test			
Pipe Pressure Test			
Storage Tank Leak Test			
Total Power (kW) (Full operation)			
Backup Genset (kW)			

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Additional Comments	
Pre- Commissioning Date	

Pre-Commissioning Completed By	**Client (Owner)**	**Operator**	**Contractor**	**Consultant (if applicable)**
Name				
Signature				
Official Stamp				

Note: Only after a successful pre-commission, the final commissioning should be initiated.

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Final Commissioning

	No	Status	Remarks
Borehole Pumps / Feed Intake Pumps			
Sand filter / Multimedia filter			
Bag filter			
Carbon filter			
RO Plant 1			
RO Plant 2			
Rainwater Treatment System			
High Pressure Pump			
Transfer Pump			
Distribution Pump			

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Chlorine Dosing Pump			
Control Panel			
Flow meters			
Pressure gauges			
TDS/Conductivity meter			
Storage Tank (Structural and Visual checks)			
Degasifier			
Washouts / Flushing Points			
Water Meter Testing			
Non-Return Valve			
Network Leak Test			
Pipe Pressure Test			

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Storage Tank Leak Test			
Brine pump			
Brine Outfall (Visual Inspection)			
Total power (kW)			
Backup Genset (kW)			
Water testing Lab			
Water Testing Equipment and Reagents’			
Additional Comments:			
Final Commissioning Date			

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Final Commissioning Completed By	Client (Owner)	Operator	Contractor	Consultant (if applicable)
Name				
Signature				
Official Stamp				

Note: Components in the commissioning list are subjected to vary depending on the system but the main template of the commissioning completion certificate should not be changed.

Utility Regulatory Authority
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Annex 5 – Water and Waste Water testing parameters

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WATER TEST REQURIMENT FOR OPERATING LICENSING APPLICATION

For the application of Temporary and Permanent Operating License for Water Supply system the following parameters should be evaluated from an ISO-Certified Laboratory.

1. Water Testing Requirement for Temporary Operating License

Parameter	Reference range
Physical Appearance	Clear & Colorless
pH	6.5 - 8.5
Free Chlorine	0.04 - 0.2 mg/l
Electrical Conductivity (max allowable range)	<1000 µs/cm
Electrical Conductivity (recommended range)	300 - 700 µs/cm
Total Coliform	0/100ml CFU
Fecal Coliform	0/100ml CFU
Turbidity	<1 NTU
Total Dissolved Solids (max allowable range)	<500 mg/L
Total Dissolved Solids (recommended range)	150 - 350 mg/L

2. Water Testing Requirement for Permanent Operating License

Parameter	Reference range
Physical Appearance	Clear & Colorless
pH	6.5 - 8.5
Free Chlorine	0.04 - 0.2 mg/l
Electrical Conductivity (max allowable range)	<1000 µs/cm
Electrical Conductivity (recommended range)	300 - 700 µs/cm
Total Coliform	0/100ml CFU
Fecal Coliform	0/100ml CFU
Turbidity	<1 NTU
Total Dissolved Solids (max allowable range)	<500 mg/L
Total Dissolved Solids (recommended range)	150 - 350 mg/L
Total Hardness	<75 mg/l
Hydrogen Sulfide	0.05 mg/l
Suspended Solids	5-750 mg/L
E. Coli	0/100ml CFU

The validity of the Water Test results will be for 45 days from the date of sampling

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WASTEWATER TEST REQURIMENT FOR OPERATING LICENSING APPLICATION.

For the application of Temporary and Permanent Operating License for Water Supply system the following wastewater parameters should be tested from an ISO-Certified Laboratory.

Parameter	Reference range
	Effluent
pH	6.5 - 8.5
Temperature (°C)	Ambient
BOD_5 (mg/l)	<20
COD (mg/l)	<100
Oil and Grease (mg/l)	<10
Nitrate (mg/l)	<10
Phosphate (mg/l)	<10
Ammonia (mg/l)	1.5 - 2
Total Suspended Solids	<30

NOTE:

- Although parameters in Sewer systems without the STP might not comply to the above-mentioned reference ranges, please conduct the test for all the above parameters.
- For sewer system with the STP the effluent quality must comply with above-mentioned reference ranges.

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Annex 6 – Fees for Facility Registration

Part 1: General	
Services	Price
Amendment/Renewal	MVR 5,000·00
Transfer	MVR 1,000·00
Cancellation	MVR 100·00
Re-issuing of Permit	MVR 350·00
Re-issuing of Registration	MVR 500·00

Part 2: Power	
Category	Price
P1. Power Generation Facility (Conventional)	MVR 1,000·00
P2. Transmission/Distribution Network	MVR 1,000·00
P3. Power Generation Facility (Renewable)	MVR 250·00
P4. Backup/Temporary/Standby Generation	MVR 1,000·00

Part 3: Water	
Category	Price
P1. Standalone Desalination Plant / Water Treatment Plant	MVR 1,000·00
P2. Distribution Network with water production plants	MVR 1,000·00
P3. Rainwater harvesting with distribution network	MVR 1,000·00
P4. Standalone Rainwater harvesting system	MVR 500·00

Part 4: Sewerage	
Category	Price
F1. Sewerage System	MVR 1,000·00

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Annex 7 – Fees for Operating License

Part 1: General	
Service	Price
Amendment/Renewal	MVR 5,000·00
Cancellation	MVR 100·00
Re-issuing of Permit	MVR 350·00
Re-issuing of License	MVR 1000·00

Part 2: Power			
Category	Duration	Permanent (Annually)	Temporary
A2. Commercial & Industrial	5 - 10 years	MVR 25,000·00	MVR 30,000·00
B1. Independent Power Producer	5 - 10 years	MVR 20,000·00	MVR 25,000·00
B2. Network/Infrastructure Operation	5 - 10 years	MVR 20,000·00	MVR 25,000·00

Part 2: Water			
Category	Duration	Permanent (Annually)	Temporary
W-A2. Commercial & Industrial	5 - 10 years	MVR 25,000·00	MVR 30,000·00
W-B1. Independent Water Producer	5 - 10 years	MVR 20,000·00	MVR 25,000·00
W-B2. Network/Infrastructure Operation	5 - 10 years	MVR 20,000·00	MVR 25,000·00
W-B4. Rainwater Harvesting and Distribution (without a network)	5 - 10 years	MVR 5,000·00	MVR 15,000·00

Part 2: Sewerage			
Category	Duration	Permanent (Annually)	Temporary
W-A2. Commercial & Industrial	5 - 10 years	MVR 25,000·00	MVR 30,000·00
W-B3. Independent Sewerage Treatment plant	5 - 10 years	MVR 20,000·00	MVR 25,000·00

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