

Application for an Ontario Authorization to Operate an Emergency Standby Power (ESP)

Technical Standards and Safety Act

Compressed Natural Gas Regulation

Failure to fully complete this form may result in rejection. Making a false statement may result in a fine.

Corporation Number	Contact Person			
	Contact 1 Groon			
l				
Telephone No.	E-mail			
Street No. Street Name	9			
Town / City or Township / County		Province		Postal Code
ormation on Emergency S	standby Power (ESP)			
•				
Street No. StreetNam	ie			
Town / City or Township / County		Province		Postal Code
Name of Fuel Supplier				
Street No. StreetNam	e			
Town / City or Township / County		Province		Postal Code
Name of previous owner/operator	Authorization Number	Name and registrati	on number of installing	contractor
Y	Application is valid for 12 mo ou are required by law to notif	onths from date received by y TSSA of any change of in	rTSSA. formation.	
ify the above information	is true.			
ame of applicant				Date
	Town / City or Township / County Transition on Emergency S Location of premises to be auto Street No. Street Nam Town / City or Township / County Street No. StreetNam Town / City or Township / County Name of Fuel Supplier Town / City or Township / County Name of previous owner/operator Y If y the above information	Town / City or Township / County Immation on Emergency Standby Power (ESP) Location of premises to be authorized Street No. StreetName Town / City or Township / County Name of Fuel Supplier Street No. StreetName Town / City or Township / County Name of previous owner/operator Authorization Number Application is valid for 12 more You are required by law to notifity the above information is true. Ame of applicant	Town / City or Township / County Province Town / City or Township / County Province Street No. StreetName Town / City or Township / County Province Street No. StreetName Town / City or Township / County Province Name of Fuel Supplier Street No. StreetName Authorization Number Application is valid for 12 months from date received by You are required by law to notify TSSA of any change of in iffy the above information is true. ame of applicant	Town / City or Township / County Province County

FEES

(HST Registration No: 891131369)

		Fee						Fee cluding	Total
Select	Service	Туре	Eng	ineering	HST		HST)		Fees Due
	Engineering (up to 4 hours included)	Minimum*	\$	533.50	\$	69.36	\$	602.86	
	Expedited Services**								
	Expedited Engineering Services								
	(Additional charge to engineering review per site application)	Flat	\$	533.50	\$	69.36	\$	602.86	
	Expedited Inspection Service (invoiced separately at 2 x standard rates)								

Total Fees Due

If paying by credit card, amount in Box 1 to be entered in TSSA Service Prepayment Portal

All required fees must be prepaid for application to be processed. Fees are non-refundable.

For payment options, see Payment Instructions

*All minimum fees include specified hours. Excess time above the specified included hours will be billed in 1/4 hour increments at the applicable hourly labour rate based on TSSA's posted fee schedule. All labour rates are per inspector or engineer.

Inspection services, if applicable, will be invoiced separately

**Expedited Services

Expedited service fees are non-refundable

Expedited services places your application in an expedited service line

Expedited inspection services (inspection & travel time included in the flat fee, plus any excess hours) will be billed at 2 x the standard inspection rate.



PAYMENT INSTRUCTIONS

TSSA use only	L#	CH#	
WO #			

If paying by cheque, bank draft, money order, this form must accompany all applications submitted to TSSA. A separate payment form is required for each application. Please refer to our fee schedule posted on our website www.tssa.org. HST Registration No: 891131369.

Payment Options:

Credit Card - Click link below

TSSA Service Prepayment Portal

https://forms.tssa.org/Payments/Service-Prepayment-Portal

Cheque, Bank Draft or Money Order (payable to Technical Standards and Safety Authority)

Name of Applicant/Organization:
Telephone No:
Email Address:

Cheque/Bank Draft/Money Order #:_______

Mail payment along with a copy of your application to:

Attention: Accounts Receivable Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9

If a copy of the application is not submitted with your payment, this will delay the processing of the application.

Dishonored Payments: A \$35 administration fee will apply for each returned item