

Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9

Tel: 416.734.3300 Fax: 416.231.4078

Customer Service: 1.877.682.8772

E-mail: Intake@tssa.org

www.tssa.org

### **Application for an Ontario Licence to Operate a Compressed** Gas Refuelling Station - Change of License Holder

**Technical Standards and Safety Act** Compressed Gas Regulation

Please submit completed application along with payment of	of fees and supporting docum	nentation by mail, fax, or e-mail (ir	pdf	For Office Use Only
format).				
Check applicable box(es)				
		Serve Fast-Fill		
Private <sup>1</sup>	Hydrogen Self-	Serve Slow-Fill		
Key/Cardlock	VRA Commercial			
Paguired Desumentations 2 copies of plans				
Required Documentation: 3 copies of plans.				
M. H. C. W			Linear Nicorda	
Was this facility previously licensed under the Act? Yes If 'yes', provide name of previous owner	No		Licence Numb	er
A. LICENCE HOLDER INFORMATION				
		00		
Company Name:		Ontario Cor	poration No., if a	pplicable
Street Name / 911 Number/Address, if applicable:	D0 D			
Unit/Suite:	PO Box:	5 .		D 410 1
City/Town:	I	Province:		Postal Code:
Telephone No.:	Fax No.:		Cell No.:	
E-mail:			<u> </u>	
Print Name of Contact Person:		Signature of Contact P	erson:	
B. FACILITY LOCATION Same as (Note this must be a delivery or fire route address.)				
Company Name:				
Street Name / 911 Number/Address, if applicable:				
Unit/Suite:				
City/Town:		Province:		Postal Code:
Telephone No.:	Fax No.:		Cell No.:	
E-mail:				
Print Name of Contact Person:				
C. TECHNICAL CONTACT Same as (Company we should communicate with regarding		on approval on behalf of the o	owner.)	
Company Name:				
Street Name / 911 Number/Address, if applicable:				
Unit/Suite:	PO Box:			
City/Town:	I	Province:		Postal Code:
Telephone No.:	Fax No.:	1	Cell No.:	<u>I</u>
E-mail:	I		<u>I</u>	
Print Name of Contact Person:				

Note: It is illegal to use an appliance, equipment, or work for its intended purpose unless it is approved. Please note that this approval may be revoked or suspended if the relevant review and inspection fees are not paid in full.



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641.01

Facilit	y Address:						
D. INVO	PICEE Same as: A pany responsible for fees invoiced for approval including	g engineering a	and inspection fee	s.)			
Compan	y Name:						
Street N	ame / 911 Number/Address, if applicable:						
Unit/Suit	e: PO Box:						
City/Tow	n:		Province:			Postal Code:	
Telepho	ne No.: Fax No.:			C	ell No.:		
E-mail:							
Print Na	me of Contact Person:		Signature of	of Contact Per	son:		
					***************************************		
Date of A	Application (dd-mm-yyyy):						
		F	EES				
	(I		ion No: 89113136	69)			
						Total	
		Fee				(Including	Total
Select	Service	Туре	Inspection	License	HST	HST)	Fees Due
	Refuelling Stations						
	(includes License, inspection and travel) up						

_				
Total Fees Due				
	1	2		

277.00 \$

If paying by credit card, amounts in Boxes 1 and 2 to be entered in TSSA Service Prepayment Portal

328.00

All required fees must be prepaid for application to be processed. Fees are non-refundable. For payment options, see Payment Instructions

Minimum\*

\*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.

#### \*\*Expedited Services

Expedited service fees are non-refundable

to 1 inspection hour included Expedited Inspection Service\*\*

(invoiced separately at 2 x standard rates)

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.

Legal Disclaimer - The owner agrees to hold harmless the Technical Standards and Safety Authority, its employees, agents, successors and assigns from any and all damages, actions, suits, claims or loss arising from the use, approval or refusal to approve of the appliance, equipment or work to which this approval applies. In the event of claims made against TSSA arising from the use of the appliance, equipment or work the owner accepts, on demand to defend such actions on behalf of TSSA and to assume any costs legal or otherwise for the defence or settlement of such claims. Failure to comply with any of the terms and conditions of the approval voids the approval.



### **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