Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300 Fax: 416.234.9169 Customer Service: 1.877.682.8772 Email: customermanagement@tssa.org

Application for an Ontario Licence to Operate Propane Cylinder Exchange - New or Change of Licence Holder

Technical Standards and Safety Act Propane Storage and Handling Regulation

www.tssa.org						
Please submit completed application and supporting documentation by mail, fax, or e-mail (in pdf format). Making a false statement may result in a fine or prosecution.					For Office Use Only	
Check applicable box(es) New		Cylinder	Exchar	nge		
Change Licen	ce Hold					
Valid municipal approval letter:						
a) issued by the local municipal planning departm						
b) issued within the past 6 months and reference c) clearly states approval for the propane facility a						
Mail payment along with this completed application		_				
Was this facility previously licensed under the A	Act?	Yes No				
True time racinity providedly incomed arract time i						Licence Number
If 'yes', provide name of previous owner						
,						
A. LICENCE HOLDER INFORMATION						
Person or Company Name:						
Corporation Number/Business Identification Nu	ımber:					
Street Name / 911 Number/Address, if applicate	ole:					
Unit/Suite:		PO Box:				
City/Town:				Province:		Postal Code:
Telephone No.:	Fax N	lo.:	Cell N	0.:	Emai	:
Print Name of Contact Person: Signature of Contact I			nature of Contact F	erson:		
			- 3			l l
B. FACILITY LOCATION Sa	ame as	: \(\bar{A}				
(Note this must be a delivery or fire route ac						
Person or Company Name:						
Street Name / 911 Number/Address, if applicate	ole:					
Unit/Suite:						
City/Town:				Province:		Postal Code:
Telephone No.:		Fax No.:		T TOVITIOO.	Cell No.:	1 cotal code.
		I ax Ivo			Cell No	
E-mail:						
Print Name of Contact Person:						
C. TECHNICAL CONTACT Sa (Person or Company we should communicate)		: A B D regarding engineering and	inspect	ion approval on be	half of the ow	ner.)
Person or Company Name:				•		·
Street Name / 911 Number/Address, if applicate	ole:					
Unit/Suite:		PO Box:				
City/Town:		I O DOX.		Province:		Postal Code:
•		Foy No.		i iovilice.	Call No.	i Ostai Oode.
Telephone No.:		Fax No.:			Cell No.:	
E-mail:						
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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Facility A	Address:						
D. INVOICEE Same as: A (Person or Company responsible for fees invoiced for approval including engineering and inspection fees.)							
	Company Name:	area approved an area and area		, , , , , , , , , , , , , , , , , , , ,			
Street Nam	ne / 911 Number/Address, if applicable:						
Unit/Suite:							
City/Town:	own:			ce:	ode:		
Telephone	No.:	Fax No.:	<u> </u>	Cell No.:			
E-mail:	-mail:						
Print Name	lame of Contact Person: Signature of			of Contact Person:			
Date of Ap	oplication (dd-mm-yyyy):	FEES (HST Registration No		69)			
Select	Service		Fee Type		ense	Total Fees Due	
	Cylinder Exchange - License			Flat	\$	165	
		Total Foos	Due				
	Total Fees Due						
	if and a house the set of			dia rece		2	Doct-1
If paying by credit card, amount in Box 2 to be entered in TSSA Service Prepayment Portal							

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.

All required fees must be prepaid for application to be processed.

Fees are non-refundable.

For payment options, see Payment Instructions

FORM #: FS-036-v2



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