

Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300

Fax: 416.734.3202

Customer Service: 1.877.682.8772 Email: fssubmissions@tssa.org

Application for Approval of Digester Gas, Bio-Gas and Landfill Gas Installations Technical Standards and Safety Act

Fuels Safety Regulations

www.tssa.org				For Office Hee Oak
Please submit completed application along with payment of format).	fees and supporting documentation by n	nail, fax, or email (in po	df	For Office Use Only
Check applicable box(es)				
	ndfill New Facility			
Digester Gas	Modification			
	Modification			
Required Documentation (1 copy each)	Materials (
	ering Drawings List			
	ances burning fuel			
Specific	cations for valves, controls, gas pip	es and components	S	
Constru	uction Schedule			
Attach scope of work to be conducted.				
A. OWNER OF DIGESTER GAS, BIO-GAS OR LAN	DFILL INSTALLATIONS			
Company Name:		Co	rporation No.:	
Street Name / 911 Number/Address, if applicable:		00	iporation ivo	
	DO D			
Unit/Suite:	PO Box:			
City/Town:		Province:		Postal Code:
Telephone No.:	Fax No.:		Cell No.:	
Email:				
Print Name of Contact Person:				
B. LOCATION ADDRESS Same a (Where appliance/equipment is to be installed/insp		or fire route address	e)	
Company Name:	ected. Note this must be a delivery	or me route addres	3.)	
Street Name / 911 Number/Address, if applicable:				
Unit/Suite:		I		
City/Town:	I	Province:		Postal Code:
Telephone No.:	Fax No.:		Cell No.:	
Email:				
Print Name of Contact Person:				
C. TECHNICAL CONTACT Same as				
(Company we should communicate with regarding	engineering and inspection approv	al on behalf of the o	owner.)	
Company Name:				
Street Name / 911 Number/Address, if applicable:				
Unit/Suite:	PO Box:			
City/Town:		Province:		Postal Code:
Telephone No.:	Fax No.:		Cell No.:	•
Email:	I		ı	
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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Location Address:				
D. INVOICEE (Company responsible for fees invoiced for approve	al including engineering and inspecti	on fees.)		
Company Name:				
Street Name / 911 Number/Address, if applicable:				
Unit/Suite:	PO Box:			
City/Town:		Province:	Postal Code:	
Telephone No.:	Fax No.:	Cell No.:		
Email:		·		
Print Name of Contact Person:	Signature of Contact Person:			
Date of Application (dd-mmm-yyyy):				

FEES (HST Registration No: 891131369)

						HST		Total	
		Fee	Se	ervice	on	Service	(Ir	ncluding	Total
Select	Service	Туре		Fee		Fee		HST)	Fees Due
	New Facility								
	(includes engineering, initial & 1 follow-up	Minimum*	\$ 2	2,539.50	\$	330.14	\$ 2	2,869.64	
	inspection and travel) - up to 8 engineering	IVIIIIIIIIIIIII	, ₂						
	hours and 8 inspection hours included								
	Modified Facility								
	(includes engineering, initial & 1 follow-up	Minimum*	ė 1	1,568.50	\$	\$ 203.91	\$ 1	1,772.41	
	inspection and travel) -up to 4 engineering	Willimum	Ş I					1,772.41	
	hours and 7 inspection hours included								
	Expedited Services**								
	Expedited Engineering Services								
	(Additional charge to engineering review	Flat	\$	533.50	\$	69.36	\$	602.86	
	per site application)								
	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 nonrefundable.

For payment options, see Payment Instructions

**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.

^{*}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.



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