

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

Fax: 416.734.3300 Fax: 416.231.4078 Customer Service: 1.877.682.8772

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

Technical Standards and Safety Act Compressed Gas Regulation

Customer Service: 1.877.682.8772
E-mail: licensingandregistration@tssa.org
www.tssa.org

Please submit completed application along with payment	of fees and supporting documentati	on by mail, fax, or e-mail (in	pdf	For Office Use Only
format).				
Check applicable box(es)				
Ttotali	Natural Gas Full-Serve			
Private	Hydrogen Self-Serve	Slow-Fill		
Key/Cardlock	VRA Commercial			
Required Documentation: 3 copies of plans.				
Was this facility previously licensed under the Act? Yes	S No		Licence Numb	per
If 'yes', provide name of previous owner				
A. LICENCE HOLDER INFORMATION				
Company Name:		Ontario Corp	oration No., if a	pplicable
Street Name / 911 Number/Address, if applicable:				
Unit/Suite:	PO Box:			
City/Town:	Pro	vince:		Postal Code:
Telephone No.:	Fax No.:		Cell No.:	
E-mail:		T		
Print Name of Contact Person:		Signature of Contact Pe	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:	Pro	vince:		Postal Code:
Telephone No.:	Fax No.:		Cell No.:	1
E-mail:	.1	<u> </u>		
Print Name of Contact Person:				
C. TECHNICAL CONTACT Same as (Company we should communicate with regarding		pproval on behalf of the o	wner.)	
Company Name:	,g		,	
Street Name / 911 Number/Address, if applicable:				
Unit/Suite:	PO Box:			
City/Town:	Pro	vince:		Postal Code:
Telephone No.:	Fax No.:		Cell No.:	-
E-mail:	1			
Print Name of Contact Porcen				

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	Address:									
D. INVOI		Same as ible for fees invoiced for approv		g engineering a	and inspection t	ees.)				
Company	Name:									
Street Na	me / 911 Nui	mber/Address, if applicable:								
Unit/Suite	:		PO Box:							
City/Town:				Province:	Postal Code:	Postal Code:				
Telephon	Telephone No.: Fax No.:				Cell No.:					
E-mail:										
Print Nam	Print Name of Contact Person:				Signatur	e of Contact	Person:			
Select	pplication (do	Service	(F	F IST Registrati Fee Type	EES on No: 89113 ⁷ Inspection		e HST	Total (Including HST)	Total Fees Due	
	(includes up to 1 in	g Stations License, inspection and spection hour included	travel) -	Minimum*	\$ 288.00	\$ 341.0	00 \$ 37.44	\$ 666.44		
		d Inspection Service** I separately at 2 x standa	rd							
1										
			otal Fee	es Due						
,					1	2				

If paying by credit card, amounts in Boxes 1 and 2 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.

**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.

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