



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  
 www.tssa.org

# Application for Approval of High Pressure System

*Technical Standards and Safety Act*  
 Fuels Safety Regulations

Please submit completed application and supporting documentation by mail, fax, or email (in pdf format).	For Office Use Only
Check applicable box(es) <input type="checkbox"/> Bio-Gas <input type="checkbox"/> Landfill <input type="checkbox"/> Digester Gas <input type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other _____	
Required Documentation (3 copies each) <input type="checkbox"/> Bill of Materials <input type="checkbox"/> Engineering Drawings <input type="checkbox"/> Specifications for valves, controls and components <input type="checkbox"/> Other _____	

Attach details of system and/or components.

Manufactured by: \_\_\_\_\_

Main Supply Pressure:     P.S.I.G. \_\_\_\_\_

Designed in accordance with:     CSA Z662     ANSI/ASME B31.1     ANSI/ASME B31.3  
 CSA B51     other standard: \_\_\_\_\_

<b>A. OWNER OF HIGH PRESSURE SYSTEM</b>				
Company Name: _____				
Corporation Number/Business Identification Number: _____				
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: _____				

<b>B. LOCATION ADDRESS</b>				
Same as: <input type="checkbox"/> A				
(Where appliance/equipment is to be installed/inspected. 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.: _____		
Email: _____				
Print Name of Contact Person: _____				

<b>C. TECHNICAL CONTACT</b>				
Same as: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D				
(Company we should communicate with regarding engineering and inspection approval on behalf of the 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: _____				
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 approval including engineering and inspection 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)

Select	Service	Fee Type	Service Fee	HST	Total (Including HST)	Total Fees Due
	<b>HPP (High Pressure Piping)</b> (Up to 3.75 engineering hours and 3.25 inspection hours included)	Minimum*	\$ 1,120.50	\$ 145.67	\$ 1,266.17	
	<b>Expedited Services**</b>					
	<b>Expedited Engineering Services</b> (Additional charge to engineering review per site application)	Flat	\$ 560.00	\$ 72.80	\$ 632.80	
	<b>Expedited Inspection Service</b> (invoiced separately at 2 x standard rates)					

<b>Total Fees Due</b>				
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1

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.

**\*\*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.



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## PAYMENT INSTRUCTIONS

<b>TSSA use only</b>	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](http://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)**

<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