

# Request for a Canadian Registration Number (CRN) in Multiple Jurisdictions

## Boilers, Pressure Vessels or Fittings to be Registered in Multiple Provincial or Territorial Jurisdictions in Canada

Note: To register a design in a single jurisdiction, for example site specific installations, please contact the required jurisdiction directly.

		For Office Use Only	
<b>Date of Application:</b> _____	Received by: _____	Date received: _____	
	Surveyor: _____	File No.: _____	

**Please indicate the type of design**      New      Addition/ Revision      Renewal (Only Fitting Registrations)

**Application to amend, revise or renew an existing CRN:**

- To retain an existing registration number, please initiate the registration process with the original registering jurisdiction, if not, a new registration number may be issued.**
- Please include with the amended documents, all remaining original relevant documents, clearly distinguishing between the changes and the original documentation. This will ensure the complete registration record is considered.**

Boiler      Pressure Vessel      Heat Exchanger      Fitting      Existing CRN \_\_\_\_\_

**Registration is requested for:**      All Jurisdictions (all of Canada)

or select the individual provinces and territories you require:

British Columbia (BC)	Manitoba (MB)	New Brunswick (NB)*	Newfoundland and Labrador (NL)*	Northwest Territories (NT)*
Alberta (AB)	Ontario (ON)	Nova Scotia (NS)*		
Saskatchewan (SK)	Quebec (QC)	Prince Edward Island (PE)*	Yukon (YT)*	Nunavut (NU)*

**Design information:**      **Submitter's Work Order No. / Job No.:** \_\_\_\_\_

Drawing/Catalog No.: \_\_\_\_\_

Calculations (Document No., Rev.No.): \_\_\_\_\_

**Section A: Submitter's full legal company name and address:**      **Documents when registered will be sent to the submitter.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_      Contact name: \_\_\_\_\_

Prov./State: \_\_\_\_\_      E-mail: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_      Country: \_\_\_\_\_      Telephone: \_\_\_\_\_

**Section B: Registered to (manufacturer's) full legal company name and address:**      Same as A:      or C:

*(Registrant assumes full legal responsibility)*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_      Contact Name: \_\_\_\_\_

Prov./State: \_\_\_\_\_      E-mail: \_\_\_\_\_

Postal code: \_\_\_\_\_      Country: \_\_\_\_\_      Telephone: \_\_\_\_\_

**Section C: Billing client:**      Same as A:      or B:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_      Contact Name: \_\_\_\_\_

Prov./State: \_\_\_\_\_      E-mail: \_\_\_\_\_

Postal code: \_\_\_\_\_      Country: \_\_\_\_\_      Telephone: \_\_\_\_\_

**P.O. No.or Billing Ref.:** \_\_\_\_\_

# Request for a (CRN)'in Multiple Jurisdictions''''

## Design Information and Technical Requirements Required documentation:

Original signed statutory declaration form(s) (Required for fitting registration only.)

Scope of registration: a list of products, sizes and any other variables to be registered. (Required for fitting registrations only.)

Copy of valid quality program certificate(s).

List of plant sites if more then one or different from Section B, page 1.

If amending, revising or renewing an existing CRN, please include with the amended documents, all remaining original relevant documents, clearly distinguishing between the changes and the original documentation.

Drawings/fitting catalogue(s), technical specifications and calculations or proof test reports

Please follow the applicable jurisdiction requirements as noted in

**BC Registration: Please follow the requirements and complete the forms as applicable in**

**In compliance with:** (check one or both as applicable)      CSA B51      CSA B52

**Please select code/standard of design:** (check one or more as applicable)

ASME Section I	ASME Section VIII, Division 1	ASME B31.1
ASME Section IV	ASME Section VIII, Division 2	ASME B31.3
ASME PVHO-1	ASME Section VIII, Division 3	ASME B31.5

Other (specify): \_\_\_\_\_

Year of code edition: \_\_\_\_\_

### **Pressure Vessel:**

Volume: \_\_\_\_\_

### **Heat Exchanger:**

Surface area: \_\_\_\_\_

### **Boiler:**

Wetted heating surface: \_\_\_\_\_ Overall length: \_\_\_\_\_

Maximum output: \_\_\_\_\_ Minimum safety relief valve capacity: \_\_\_\_\_

### **Fittings: please select design category (check one)**

A – Pipe fittings	E – Strainers/ Filters /Separators / Steam traps
B – Flanges	F – Measuring Devices
C – Valves - all line valves	G – Certified Pressure Relief Devices
D – Expansion Joints / Flexible Connections / Hose Assemblies	H – Other

### **Consent:**

I accept that the registration documents for this request will be forwarded to the jurisdictional authorities responsible for registering the CRN in each province or territory checked on this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FEEs**  
**(HST Registration No: 891131369)**

Select	Service	Fee Type	Engineering	HST	Total (Including HST)	Total Fees Due
	<b>Province of Ontario Engineering review of design submission</b> (Fees are per application)					
	<b>Registrations</b> (If requesting Expedited Services , complete this section and select Expedited Services below)					
	Fitting (new designs, additional designs to be added to a registration, renewals)	Flat*	\$ 594.00	\$ 77.22	\$ 671.22	
	Pressure Vessel (PV)	Flat*	\$ 565.50	\$ 73.52	\$ 639.02	
	Boiler and Heat Exchanger	Flat*	\$ 750.00	\$ 97.50	\$ 847.50	
	Revisions (Changes to previously registered Fittings, Pressure Vessels & Boilers & Heat Exchangers)	Flat*	\$ 408.50	\$ 53.11	\$ 461.61	
	<b>National Registration Service**</b>	Deposit	\$ 1,200.00	\$ 156.00	\$ 1,356.00	
	<b>Expedited Services</b> (invoiced separately at 2 x standard rates)					

<b>Total Fees Due</b>				
-----------------------	--	--	--	--

**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**

\*Flat fees relating to engineering services or initial inspection may be subject to additional billing if engineering submissions are inadequate or require excessive engineering review/initial inspection time. Additional billing, if any, 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.

\*\*The National Registration Service fee is in addition to the Ontario fees. The deposit for national service will be applied to the fees incurred as registrations are completed in the selected jurisdictions. Please note: the total national service fees can exceed \$3500.00.



Technical Standards and Safety Authority  
 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
 Customer Service: 1.877.682.8772  
 Email: customerservices@tssa.org  
 www.tssa.org

## PAYMENT INSTRUCTIONS

<b>TSSA use only</b>	L #	CH #
WO # _____		

If paying by cheque, bank draft, money order or wire transfer, 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>

**If paying by Cheque, Bank Draft, Money Order or Wire transfer complete the following and select payment method:**

Name of Applicant/Organization:

Telephone No:

Email Address:

**Cheque, Bank Draft or Money Order (payable to Technical Standards and Safety Authority)**

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

**Wire Transfer**

**Pay to Bank:** TD Canada Trust

**Beneficiary:** Technical Standards and Safety Authority

**Swift:** TDOMCATTOR

**Account:** 05200306317

Please add \$CDN 15.00 to your remittance for bank handling charges for wire transfers. Send a copy of your wire remittance by e-mail to [areceivable@tssa.org](mailto:areceivable@tssa.org) along with a copy of your application.

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