Technical Standards and Safety Authority
345 Carlingview Drive,
Toronto, Ontario M9W 6N9
Tel: 416.734.3300
Fax: 416.231.4078
Customer Service: 1.877.682.8772
www.tssa.org

Application for Change of Ownership For Certificate of Inspection

Technical Standards and Safety Act

Boiler and Pressure Vessel Regulations

Print Form Clear Form

Please submit completed application and supporting documentation by mail, fax or email (in pdf format)

Check applicable boxes: ☐ Nuclear ☐ Conventional

Was this facility previously licensed under the Act? ☐ Yes ☐ No

If yes, please provide name of the previous owner:

Change of Ownership Effective Date:_____

TSSA (ID) Registration (please attach separate list, if necessary)	Site Address(s) (Address, City, Province, Postal Code)

A. OWNER /OPERATOR INFORMATION

Company Name:		Ontario Corporation No.:
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. PROPERTY MANAGEMENT – Complete this section if the building is managed by a property management company (if applicable)

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:		

Important Note: The following information is mandatory in order to process your request

☐ A copy of legal incorporation business name registration documents.
(i.e. Master Business Licence, Certificate of Incorporation, Corporate Profile, limited partnership reports, etc.)

Date (dd-mm-yyyy)	Applicant's Official Capacity	Applicant's Name	Signature

Please print and sign before returning to TSSA