Technical Standards 345 Carlingview Driv Toronto, Ontario MS Tel: 416.734.3300 Fax: 416.234.9169

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

Fax: 416.234.9169
Customer Service: 1.877.682.8772
Email: customermanagement@tssa.org

Application for Reinstatement in Ontario as a Fuels Contractor

Technical Standards and Safety Act

www.tssa.org						For Office Use Only	
Name of Company:	Corp No./Business Identification No.:						
				-			
Name of Person:							
E-mail:							
Have you been previously registered as a contractor? Yes Registration No.: No							
A. Complete Mailing Add	ress						
Street No.:	Street Name:						
Unit/Suite:							
City/Town:				Province:			Postal Code:
Telephone No.:		Fax No.:			Cell No.:		
If you are a fuels certificate holder, provide the Certificate No.							
B. If your business locati	on address is different fro	om your mailing add	lress, please cor	nplete	this section.		
Street No.:	Street Name:						
Unit/Suite:							
City/Town:				Provi	nce:	Postal Code:	
Telephone No.: Fax No.:				Cell No.:			
1. Type(s) of work - Check appropriate box(es) a) Heating Fuels Contractor							
Name of the Owner/Operator (Print) Signature						Date (dd-r	nmm-yyyy)



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FEES*

(HST Registration No: 891131369)

Enter # of years operating without a License	Current Year	Total Years	Fuels Contractor Pre-Registration	Fee Type	Registration fee		Total Years		Total Fees Due
			< 6 Technicians	Flat	\$ 476.00	X		=	
			6 - 10 Technicians	Flat	\$ 834.00	x		=	
			> 10 Technicians	Flat	\$ 1,848.50	x		=	

Total Reinstatement Fees	
Late Payment Fee	75.00
Total Amount Due	
	_

Value in Box 2 to be entered in TSSA Service Prepayment Portal

2

Click here to access TSSA Service Prepayment Portal

All required fees must be prepaid for application to be processed. Fees are non-refundable.

*Note: Engineering and/or Inspection services may be required to reinstate the license/ registration and will be billed as a separate fee

Technician Count Summary

Name of Certificate Holder/Subcontractor	TSSA Certificate/ Registration #	If Full-time Enter '1"	If Part-time Enter '0.5'	If Sub- contractor Enter '1'
	Name of Certificate Holder/Subcontractor ufficient rows available please make copies of this form	Name of Certificate Holder/Subcontractor Registration #	Name of Certificate Holder/Subcontractor Registration # Enter '1"	Name of Certificate Holder/Subcontractor Registration # Enter '1" Falt-time Enter '0.5'

		Grand Total
Totals		

*Use the following guidelines to determine the technician count

Only field technicians (certificate holders) are counted as technicians Administrative staff with certificates are not counted Each part-time technician counts as 0.5 technician Each subcontractor counts as 1 technician