

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

Application for an Ontario Licence to Operate a Refuelling Station - Modification

Technical Standards and Safety Act

Compressed Gas Regulation

| Please submit comple | eted application along v | For Office Use Only | | | | | | |
|---|--------------------------|---------------------|--|--|--|--|--|--|
| online: https://www.ts | sa.org/onlinepayment/. | - | | | | | | |
| Check applicable box(es) Natural Gas Hydrogen Mandatory Documentation Full-Serve Piping Dispenser Natural Gas: Hydrogen: Self-Serve Compressor Site Plan Site Plan Fast-Fill Tank Slow-Fill Key/Cardlock VRA Commercial VRA Commercial Vante of the set of | | | | | | | | |
| A. LICENCE HOLDER INFORMATION | | | | | | | | |
| | | | | | | | | |

| Licence Number *: | | | | | | | | |
|--|--------------|-----------|------------------------------|--------|--------------|--|--|--|
| Company Name: Ontario Corporation No., if applicable | | | | | | | | |
| Street Name / 911 Number/Address, if applicable: | | | | | | | | |
| Unit/Suite: | ite: PO Box: | | | | | | | |
| City/Town: | | Province: | | | Postal Code: | | | |
| Telephone No.: | Fax No.: | | | Cell N | lo.: | | | |
| E-mail: | | | | | | | | |
| Print Name of Contact Person: | | | Signature of Contact Person: | | | | | |

| B. FACILITY LOCATION Same as: A (Note this must be a delivery or fire route address.) | | | | | | | | |
|--|-----------------------------------|--|-----------|--|--|--|--|--|
| Company Name: | | | | | | | | |
| Street Name / 911 Number/Address, if ap | plicable: | | | | | | | |
| Unit/Suite: | | | | | | | | |
| City/Town: | City/Town: Province: Postal Code: | | | | | | | |
| Telephone No.: | Fax No.: | | Cell No.: | | | | | |
| E-mail: | | | | | | | | |
| Print Name of Contact Person: | | | | | | | | |
| L | | | | | | | | |

| C. TECHNICAL CONTACT Same as: A B 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.: Cell No.: | | | | | | | | |
| E-mail: | | | | | | | | |
| 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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| Facility / | Address: |
|------------|----------|
|------------|----------|

| D. INVOICEE Same as (Company responsible for fees invoiced for approv | | spection fees.) | | | | |
|--|------------------------|-----------------|--|--|--|--|
| Company Name: | | | | | | |
| Street Name / 911 Number/Address, if applicable: | | | | | | |
| Unit/Suite: | PO Box: | | | | | |
| City/Town: | Province: Postal Code: | | | | | |
| elephone No.: Cell No.: | | | | | | |
| E-mail: | | | | | | |
| Print Name of Contact Person: Signature of Contact Person: | | | | | | |

Date of Application (dd-mm-yyyy):

FEES (HST Registration No: 891131369)

| Select | Service | Fee Type | S | ervice Fee | on | HST Service Fee | (h | Total ncluding HST) | Total Fees Due |
|--------|--|-------------|----|---------------|----|-----------------------|----|---------------------------|-------------------|
| | Alteration - Modified Facility (includes engineering, initial & 1 follow-up inspection and travel) -up to 4 engineering hours and 7 inspection hours included | Minimum* | \$ | 1,647.00 | \$ | 214.11 | Ş | 1,861.11 | |
| | Expedited Services** | | | | | | | | |
| | Expedited Engineering Services (Additional charge to engineering review per site application) | Flat | \$ | 560.00 | Ş | 72.80 | Ş | 632.80 | |
| | Expedited Inspection Service (invoiced separately at 2 x standard rates) | | | | | | | | |

Total Fees Due

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 nonrefundable.

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.



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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