



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  
 E-mail: [licensingandregistration@tssa.org](mailto:licensingandregistration@tssa.org)  
[www.tssa.org](http://www.tssa.org)

# Application for an Ontario Licence to Operate a Compressed Gas Refuelling Station - Change of License Holder

*Technical Standards and Safety Act*  
 Compressed Gas Regulation

Please submit completed application along with payment of fees and supporting documentation by mail, fax, or e-mail (in pdf format).  Check applicable box(es)  <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> Retail Private   <input type="checkbox"/> Key/Cardlock         </div> <div style="width: 20%;"> <input type="checkbox"/> Natural Gas Hydrogen   <input type="checkbox"/> VRA Commercial         </div> <div style="width: 20%;"> <input type="checkbox"/> Full-Serve Self-Serve         </div> <div style="width: 20%;"> <input type="checkbox"/> Fast-Fill Slow-Fill         </div> </div> <p><b>Required Documentation:</b> 3 copies of plans.</p>	For Office Use Only          
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Was this facility previously licensed under the Act? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', provide name of previous owner	Licence Number
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## A. LICENCE HOLDER INFORMATION

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

## 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.:	Fax 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:

<b>D. INVOICEE</b>		Same as: <input type="checkbox"/> A	
(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.:	
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	Inspection	License	HST	Total (Including HST)	Total Fees Due
	<b>Refuelling Stations</b> (includes License, inspection and travel) - up to 1 inspection hour included	Minimum*	\$ 302.50	\$ 358.00	\$ 39.33	\$ 699.83	
	<b>Expedited Inspection Service**</b> (Invoiced separately at 2 x standard rates)						

<b>Total Fees Due</b>						
		<b>1</b>	<b>2</b>			

If paying by credit card, amounts in Boxes 1 and 2 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.

**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

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