

## **Application for Reinstatement of an Ontario Licence to Operate as a Conversion Centre**

Technical Standards and Safety Act

Please submit completed ap documentation by visiting or issued at this time.		Office Use Only icence Number		
Check (✔) applica	able business:			
	ressed Natural Gas Hydrogen			
	atory Documents			
Propane Conversion Centre  Site Plan  Municipal Approval  Branch Standards No				
Was this facility previously licens If 'yes', provide name of previous		inspection fees are not paid in full.		
Name of Person or Compan	ny			
		E-mail		
Complete Mailing Address	5	<u>'</u>		
Street No. Street		Suite #		
Town/City			Province	Postal Code
Area Code and Telephone No.	Corporation Number	If you are a fuels certifica	ato holder	
Area Code and Telephone No.	Corporation Number	provide the certificate #.	ite noidei,	
If your business location	address is different from your mailing	address, please complete this sec	ction	
Street No. Street		Suite #		
Town/City			Province	Postal Code
Area Code and Telephone No.				
	I			
Information on Facility -	ocation of premises to be licensed			
•	Name, Lot / Concession No.			Suite #
Town/City			Province	Postal Code
Supplier				
		2 months from date received b otify TSSA of any change of ir		
I certify that the abov	ve information is true.			
Print name of Owner/Op	perator			Year Month Day



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## FEES\*

(HST Registration No: 891131369)

Enter # of Years Operating Without a License	Current Year	Total Years	License	Fee Type	License Fee	Total Years	Total Fees Due
			Vehicle Conversion Center	Flat*	\$ 336.00	х	=

Total Reinstatement Fees Due

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

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