

Application for Reinstatement of an Ontario Licence to Operate a Refuelling Station

Technical Standards and Safety ActCompressed Gas Regulation

| | | | | | For Office Use Only |
|---|---|---------------|-----------------------------------|---------------------|-----------------------|
| | eted application along with pre-payr onlinepayment/. No invoice will be is | | locumentation by visiting online: | | 1 of Office Ose Offig |
| | . , | | | | |
| Check applicable box(es Natural Gas | | Mandatory Doc | umentation | | |
| Full-Serve | Hydrogen H25 (Material Handling) | Natural Gas:Á | Hydrogen: | | |
| Self-Serve | H35 (Passenger Vehicle) | Site Plan | Site Plan | | |
| Fast-Fill | H70 (Commercial Trucks) | | Municipal Approval | | |
| Slow-Fill | , | | Fire Department Statement | | |
| Key/Cardlock VRA Commercial | | | Statement | | |
| VIV Commercial | | | | | |
| Was this facility previous | sly licensed under the Act? Yes | No | | Licence Num | ber |
| If 'yes', provide name of | previous owner | | | | |
| | | | | | |
| A. LICENCE HOLDE | R INFORMATION | | | | |
| Company Name: | | | Ontario Co | rporation No., if a | applicable |
| Street Name / 911 Nu | ımber/Address, if applicable: | | | | |
| Unit/Suite: | | PO Box: | 1 | | |
| City/Town: | | | Province: | T | Postal Code: |
| Telephone No.: | Telephone No.: Cell No.: | | | | |
| E-mail: | | | | | |
| Print Name of Contact Person: Signature of Contact Person | | | Person: | | |
| | | | | | |
| B. FACILITY LOCAT (Note this must be | TION Same as a delivery or fire route address | | | | |
| Company Name: | | | | | |
| Street Name / 911 Nu | ımber/Address, if applicable: | | | | |
| Unit/Suite: | | | | | |
| City/Town: | | | Province: | 1 | Postal Code: |
| Telephone No.: | | Fax No.: | | Cell No.: | |
| E-mail: | | | | | |
| Print Name of Contac | t Person: | | | | |
| | | | | | |
| C. TECHNICAL CON (Company we sho | NTACT Same a uld communicate with regarding | | ion approval on behalf of the | owner.) | |
| Company Name: | | | | | |
| Street Name / 911 Nu | ımber/Address, if applicable: | | | | |
| Unit/Suite: | | PO Box: | | | |
| City/Town: | | | Province: | | Postal Code: |
| Telephone No.: | | Fax No.: | | Cell No.: | |
| F_mail: | | - | | | |

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.

Print Name of Contact Person:



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| Facility Address: | | | | | | | | |
|--|--|----------|------------------------------|-----------|--------------|--|--|--|
| | | | | | | | | |
| D. INVOICEE Same as: A (Company responsible for fees invoiced for approval including engineering and inspection fees.) | | | | | | | | |
| Company Name: | | | | | | | | |
| Street Name / 911 Nur | Street Name / 911 Number/Address, if applicable: | | | | | | | |
| Unit/Suite: | | PO Box: | | | | | | |
| City/Town: | | Pro | vince: | | Postal Code: | | | |
| Telephone No.: | | Fax No.: | | Cell No.: | | | | |
| E-mail: | | | | | | | | |
| Print Name of Contact Person: | | | Signature of Contact Person: | | | | | |
| Date of Application (do | l-mm-yyyy): | | | - | | | | |

FEES*

(HST Registration No: 891131369)

| • | Enter # of years operating without a Registration | Current Year | Total Years | Service | Fee Type | License Fee | | Total Years | | Total Fees Due |
|---|---|-----------------|----------------|--------------------|-------------|----------------|---|----------------|---|-------------------|
| | | | | Refuelling Station | Flat | \$ 358.00 | 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

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.