



Technical Standards and Safety Authority
345 Carlingview Drive
Toronto, Ontario M9W 6N9
Tel: 416.734.3300
Fax: 416.734.3202
Customer Service: 1.877.682.8772
Email: fssubmissions@tssa.org
www.tssa.org

Application for Approval of High Pressure System

Technical Standards and Safety Act
Fuels Safety Regulations

<p>Please submit completed application and supporting documentation by mail, fax, or email (in pdf format).</p> <p>Check applicable box(es)</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Bio-Gas</td><td><input type="checkbox"/> Landfill</td></tr><tr><td><input type="checkbox"/> Digester Gas</td><td><input type="checkbox"/> Natural Gas</td></tr><tr><td><input type="checkbox"/> Fuel Oil</td><td><input type="checkbox"/> Other _____</td></tr></table> <p>Required Documentation (3 copies each)</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Bill of Materials</td><td><input type="checkbox"/> Engineering Drawings</td></tr><tr><td><input type="checkbox"/> Specifications for valves, controls and components</td><td></td></tr><tr><td><input type="checkbox"/> Other _____</td><td></td></tr></table>	<input type="checkbox"/> Bio-Gas	<input type="checkbox"/> Landfill	<input type="checkbox"/> Digester Gas	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Other _____	<input type="checkbox"/> Bill of Materials	<input type="checkbox"/> Engineering Drawings	<input type="checkbox"/> Specifications for valves, controls and components		<input type="checkbox"/> Other _____		<p>For Office Use Only</p>
<input type="checkbox"/> Bio-Gas	<input type="checkbox"/> Landfill												
<input type="checkbox"/> Digester Gas	<input type="checkbox"/> Natural Gas												
<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Other _____												
<input type="checkbox"/> Bill of Materials	<input type="checkbox"/> Engineering Drawings												
<input type="checkbox"/> Specifications for valves, controls and components													
<input type="checkbox"/> Other _____													

Attach details of system and/or components.
Manufactured by:
Main Supply Pressure: <input type="checkbox"/> P.S.I.G. _____
Designed in accordance with: <input type="checkbox"/> CSA Z662 <input type="checkbox"/> ANSI/ASME B31.1 <input type="checkbox"/> ANSI/ASME B31.3 <input type="checkbox"/> CSA B51 <input type="checkbox"/> other standard: _____

A. OWNER OF HIGH PRESSURE SYSTEM				
Company Name:				
Corporation Number/Business Identification Number:				
Street Name / 911 Number/Address, if applicable:				
Unit/Suite:	PO Box:			
City/Town:	Province:	Postal Code:		
Telephone No.:	Fax No.:	Cell No.:	Email:	
Print Name of Contact Person:				

B. LOCATION ADDRESS Same as: <input type="checkbox"/> A (Where appliance/equipment is to be installed/inspected. 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.:		
Email:				
Print Name of Contact Person:				

C. TECHNICAL CONTACT Same as: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> 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.:		
Email:				
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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Location Address:

D. INVOICEE

(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.:

Email:

Print Name of Contact Person:

Signature of Contact Person:

Date of Application (dd-mmm-yyyy): _____

FEES

(HST Registration No: 891131369)

Select	Service	Fee Type	Service Fee	HST	Total (Including HST)	Total Fees Due
	HPP (High Pressure Piping) (Up to 3.75 engineering hours and 3.25 inspection hours included)	Minimum*	\$ 1,163.00	\$ 151.19	\$ 1,314.19	
	Expedited Services**					
	Expedited Engineering Services (Additional charge to engineering review per site application)	Flat	\$ 581.00	\$ 75.53	\$ 656.53	
	Expedited Inspection Service (invoiced separately at 2 x standard rates)					

Total Fees Due				
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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 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.



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PAYMENT INSTRUCTIONS

TSSA use only 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. 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