

# Application for an Ontario Licence to Operate a Natural Gas/Hydrogen Refuelling Station -Change of License Holder Technical Standards and Safety Act

Please submit completed application	along with pre-payment of fees and mandatory	documentation by visiting	For Office Use Only
online: https://www.tssa.org/onlinepay	yment/. No invoice will be issued at this time.		
Check Ap	plicable Box(es)		
Natural Gas	Hydrogen		
Retail OR Private	H25 (Material Handling)		
Full-Serve	H35 (Passenger Vehicle)		
Self-Serve	H70 (Commercial Trucks)		
Fast-Fill			
Slow-Fill			
Key/Cardlock			
VRA Commercial			
Previous Owner Name:			Licence Number
A. LICENCE HOLDER INFORMAT	TION		
Company Name:		Ontario Corpo	pration No., if applicable
Street Name / 911 Number/Address	s, if applicable:		
Unit/Suite:	PO Box:		
City/Town:		Province:	Postal Code:
Telephone No.:	ephone No.: Fax No.:		Cell No.:
E-mail:			
Print Name of Contact Person:		Signature of Contact Per	son:
		1	
B. FACILITY LOCATION (Note this must be a delivery or f	Same as: A		
Company Name:			
Street Name / 911 Number/Address	s, if applicable:		
Unit/Suite:			
City/Town:		Province:	Postal Code:
Telephone No.:	Fax No.:		Cell No.:
E-mail:	,	<u>'</u>	
Print Name of Contact Person:			
C. TECHNICAL CONTACT (Company we should communic	Same as: A B D ate with regarding engineering and inspec	ction approval on behalf of the ow	vner.)
Company Name:			
Street Name / 911 Number/Address	s, if applicable:		
Unit/Suite:	PO Box:		
City/Town:	1	Province:	Postal Code:
Telephone No.:	Fax No.:		Cell No.:
E-mail:	I		
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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Technical Standards and Safety Act

Facility	Address:												
D. INVOI		Same as ible for fees invoiced for approv		g engineering a	and ins	spection fe	es.)						
Company	Name:												
Street Na	me / 911 Nur	mber/Address, if applicable:											
Unit/Suite	:		PO Box:										
City/Town:				Province: Postal Code:					stal Code:				
Telephone No.: Fax No.:					Cell No.:								
E-mail:								·					
Print Nam	ne of Contact	Person:				Signature of Contact Person:							
Select			Fee Type		ection		cense		HST	(In	Total cluding HST)	Total Fees Due	
	(includes	g Stations License, inspection and spection hour included	travel) -	Minimum*	\$	314.00	\$	371.50	\$	40.82	Ş	726.32	
	1.5	d Inspection Service** I separately at 2 x standa	rd	*			ž.				*	550	
		Ţ	otal Fee	es Due									
-1		If paying by credit	card, ar	nounts in Bo	oxes	1 1 and 2 t	o be	2 entere	d in	TSSA S	Serv	ice Prepa	yment Portal

\*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.

All required fees must be prepaid for application to be processed. Fees are non-refundable.

For payment options, see Payment Instructions

#### \*\*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.



### **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