



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: [licencingandregistration@tssa.org](mailto:licencingandregistration@tssa.org)  
[www.tssa.org](http://www.tssa.org)

## Application for Reinstatement of an Ontario Licence to Distribute Gas

**Technical Standards and Safety Act**  
Oil and Gas Pipeline Systems Regulation

Failure to fully complete this form may result in rejection.  
Making a false statement may result in a fine.

### For Office Use Only

Licence Number

The Undersigned applies to TSSA for a Licence to Distribute Gas by Pipeline under Ontario's **Technical Standards and Safety Act**, Oil and Gas Pipeline Systems Regulation.

Firm Name

Corporation Number

**A**

E-mail Address

Area Code

Telephone No.

Contact Person

**B**

Street No.

Street Name / 911 Number/Address if applicable

Mailing Address

Town / City or Township / County

Province

Postal Code

### FEES\*

Enter # of years operating without a	Current Year	Total Years	Distributor Pipelines	Fee Type	Fee	Total Years	Total Fees Due
			Gas Distribution Pipeline - < 40,000 users	Flat	139.00	x	=
			Gas Distribution Pipeline - 40,000 to <100,000 users	Flat	7,850.50	x	=
			Gas Distribution Pipeline - 100,000 to <2.3M users	Flat	162,815.50	x	=
			Gas Distribution Pipeline - ≥ 2.3M users	Flat	293,067.50	x	=

\*Note: Engineering and/or Inspection services may be required to reinstate the license/ registration and will be billed as a separate fee

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.**

Application is valid for 12 months from date received by TSSA. You are required by law to notify TSSA of any change of information.

I certify that the above information is true.

Year Month Day

Print name of Owner/Operator

Position Signature