



Technical Standards and Safety Authority  
345 Carlingview Drive  
Toronto, Ontario M9W 6N9  
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 License to Operate a Natural Gas/Hydrogen Refuelling Station

*Technical Standards and Safety Act*

Please submit completed application along with pre-payment of fees and mandatory documentation by visiting online: <https://www.tssa.org/onlinepayment/>. No invoice will be issued at this time.

For Office Use Only

## Check Applicable Box(es)

## Mandatory Documents:

### Natural Gas

Retail OR Private

Full-Serve

Self-Serve

Fast-Fill

Slow-Fill

Key/Cardlock

VRA Commercial

### Hydrogen

H25 (Material Handling)

H35 (Passenger Vehicle)

H70 (Commercial Trucks)

- Site Plan
- Municipal Approval
- Fire Department Approval

Was this facility previously licensed under the Act? ☐ Yes ☐ No

If 'yes', provide name of previous owner

Licence Number

## A. LICENCE HOLDER INFORMATION

Company Name:		Ontario Corporation No., if applicable	
Street Name / 911 Number/Address, if applicable:			
Unit/Suite:	PO Box:		
City/Town:	Province:	Postal Code:	
Telephone No.:	Fax No.:	Cell No.:	
E-mail:			
Print Name of Contact Person:		Signature of Contact Person:	

## B. FACILITY LOCATION

Same as: ☐ A

(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.:	
E-mail:			
Print Name of Contact Person:			

## C. TECHNICAL CONTACT

Same as: ☐ A ☐ B ☐ 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.:	
E-mail:			
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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Facility Address:

**D. INVOICEE**

Same as: ☐ A

(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.:

E-mail:

Print Name of Contact Person:

Signature of Contact Person:

Date of Application (dd-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	\$ 371.50	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.