



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  
 www.tssa.org

**Application for Renewal of  
 Level 1 Propane Licence**  
*Technical Standards and Safety Act*  
 Propane Storage and Handling Regulation

- A Level 1 facility is:
  - a facility with a total propane storage capacity of 5,000 USWG or less; or
  - a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

**Failure to fully complete this form may result in rejection.  
 Making a false statement may result in a fine or prosecution  
 under the *Technical Standards and Safety Act*.**

**Licence Number**

Check applicable type of propane operations.

Cylinder Fill     
  Motor Fill     
  Card/Keylock     
  Filling Plant

**For Office Use Only**

**NOTE:** If there has been a modification to the facility whereby a "modification" means a reduction, expansion or other layout change or a change in the operation of a facility, but does not include maintenance as defined in Propane Storage and Handling Regulation ( O. Reg. 211/01), please complete and submit a full Level 1 Risk and Safety Management Plan (RSMP) available at [www.tssa.org](http://www.tssa.org). Otherwise proceed to and complete Declarations below and also fully complete pages 2 of this package.

**DECLARATIONS**  
 (If not submitting a full Level 1 RSMP)

	<b>No</b>	<b>Yes</b>
Since your last licence renewal or modification:		
1. Have you replaced any fixed tanks (referred to as "Change of Steel")?		If yes, complete page 3, Item "A".
2. Are there any changes to your total propane capacity?		If yes, complete page 3.
3. Has your propane supplier/transporter or off-site cylinder storage changed?		If yes, complete page 4.
4. Have any details of your Emergency and Preparedness Response Plan changed?		If yes, complete page 5.
5. Have any elements of your Emergency Response Communications Plan changed?		If yes, complete page 6.
6. Have any elements of your Building and Site Security and Procedures and/or Water Supply changed?		If yes, complete page 7.
7. Have there been any changes to property lines impacting any setback coordinates for the tanks?		If yes, complete page 8 and submit a new facility site plan and map of surrounding area.
8. Are there any new or moved buildings or features within the hazard distance?		If yes, complete page 10 and submit a new facility site plan and map of surrounding area.

**I hereby declare:**

- that I have provided a copy of the updated plan (i.e. this renewal package) to the Fire Services responsible for the area.
- that the annual emergency training as per O.Reg 211/01 (Sec 5 (3)) has taken place for facility key contact, staff and certificate holders/persons with Record of Training (ROT).
- that I have completed an annual review of the RSMP.
- that the facility carries commercial general liability insurance as required by O. Reg. 197/14 and I have provided an original Certificate of Insurance in an approved format as evidence thereof.

**You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.**

<b>Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.</b>		
Print Name  Name of person authorized to bind the corporation/licensee	Signature	Date (dd-mm-yyyy)



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**GENERAL INFORMATION**

Company Name		Corporation No.	
Operator Name (if different from above)			
Telephone No.	Fax No.	E-mail	
Street No.	Street Name / 911 Number / Address, if applicable		Nearest Major Intersection
Town / City or Township / County		Province	Postal Code
<b>Mailing address</b> (if different from above)			
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / County		Province	Postal Code

<b>Information on Container Refill Centre</b>			
<b>Location of facility</b> (if different from above)			
Street No.	Street Name / 911 Number / Address, if applicable		Nearest Major Intersection
Town / City or Township / County		Province	Postal Code

<b>Facility Contact Personnel - Key Contact</b>	
Name	Official Title
Telephone No.	Fax No. E-mail
Role and responsibilities in emergency.	

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**CAPACITY INFORMATION**

**A. Fixed Tanks**

PSIG	Serial Number	Capacity
Tank 1: _____	_____	_____
Tank 2: _____	_____	_____
Tank 3: _____	_____	_____
<b>Total Fixed Capacity:</b>		_____

**B. Portable Storage**

Cylinder Size	Capacity in USWG	Quantity	Total Capacity in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>		Line A	

**Tanks Stored On-site Not Connected for Use**

Tank Size In USWG	Quantity	Total Capacity in USWG
<b>Total Tank Capacity</b>		Line B

**Total Portable Capacity. Line A plus Line B:** \_\_\_\_\_

**C. Mobile Tanks**

Type	Tank Size In USWG	Quantity	Total Capacity in USWG
Tankers			
Cargo Liners			
<b>Total Mobile Tank Capacity</b>			

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**GENERAL INFORMATION**

<b>Name of Propane Supplier(s)</b>		For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input type="checkbox"/>		For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

<b>Off-site Cylinder and/or Mobile Storage</b>		Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

Note: Customer storage is not considered off-site storage.

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**EMERGENCY AND PREPAREDNESS RESPONSE PLAN**

The licence holder will complete the Emergency and Preparedness Response Plan in consultation with the local Fire Services.

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

Description of fire and emergency equipment indicated on facility site map.

List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

Maintenance and testing schedule for fire protection controls and devices.

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**EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

The licence holder will complete the Emergency and Preparedness Response Plan in consultation with the local Fire Services.  
 Emergency Response Communications Plan

**Warnings and Actions**

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).

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Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).

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**Communication with Emergency Response Authorities**

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).

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Describe provisions for fire department entry when there are no operations or staffing at the propane site.

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Describe how the licence holder will ensure continual flow of updated information to authorities.

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How long will it take the facility liaison person to respond to the site.

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**EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

The licence holder will complete the Emergency and Preparedness Response Plan in consultation with the local Fire Services.  
 Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input type="checkbox"/>	<input type="checkbox"/>

**Water Supply**

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input type="checkbox"/>	<input type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	_____	
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? ( distance in metres only)	_____	

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**SUBMISSIONS**

Applicant must include a Facility Site Plan and Map of Surrounding Area

**Facility Site Plan.**

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

**Map of Surrounding Area.**

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete **"Required Mapping Information from Updated Site Plan"** in table below .

**Required Mapping Information from Updated Site Plan**

Date map prepared (dd-mmm-yyyy)	Capacity of single largest propane storage vessel (USWG)
Tank setback coordinates. Indicate placement on the map.	
Front: _____	Right side property line: _____
Rear: _____	Left side property line: _____
GPS coordinates of single largest vessel: _____	

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**SUBMISSIONS (cont'd)**

Applicant must include a Facility Site Plan and Map of Surrounding Area

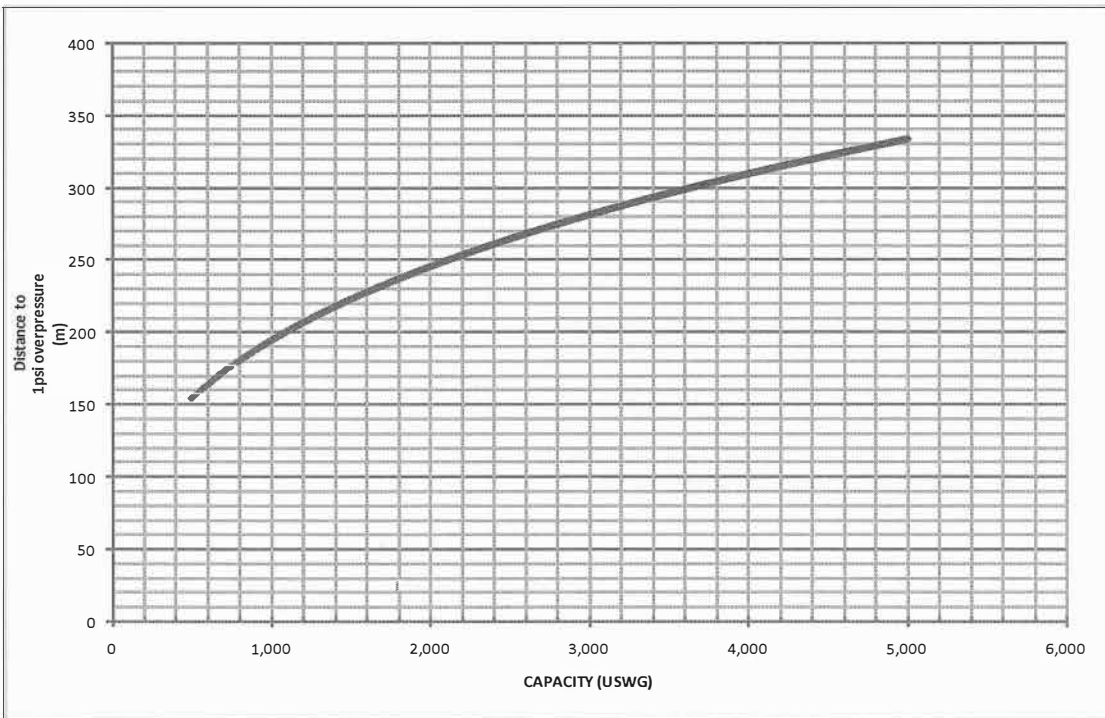
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

**Formula:**  $D = 16.94 \times (1.524 \times C)^{1/3}$   
 D = Distance to overpressure of 1 psi (meters)  
 C = Tank Total Capacity in USWG

**Parameters:** Density of Propane is 0.5033 kg per litre @ 15 C  
 Assume all vessels are 80% full  
 1 gallon [US, liquid] = 0.003785411784 cubic meter  
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)



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**SUBMISSIONS (cont'd)**

Applicant must include a Facility Site Plan and Map of Surrounding Area

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

**Table 2: Buildings and Features**

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

\* For multi-unit buildings, count each unit as "1".

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<b>Off-site Cylinder and/or Mobile Storage</b>		Capacity stored off-site, in USWG	For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable			
Town / City or Township / Country		Province	Postal Code	
Telephone No.	Fax No.	Contact Name		

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# Record of Training Confirmation and Designation Form

*Technical Standards and Safety Act*

**To be completed by an applicant for a propane license or propane license renewal:**

Name of Company:	Corporation No./ Business Identification No:
Name of Applicant:	
Email:	

<b>A. Complete Mailing Address</b>			
Street No.:	Street Name:		
Unit/Suite:			
City/Town:		Province:	Postal Code:
Telephone No.:	Fax No.:	Cell No.:	

<b>B. If your service address is different from your mailing address, please complete this section.</b>			
Street No.:	Street Name:		
Unit/Suite:			
City/Town:		Province:	Postal Code:
Telephone No.:	Fax No.:	Cell No.:	

**Pursuant to section 27.1(3) and (4) of the Propane Storage and Handling Regulation (O. Reg. 211/01), I confirm that the Record of Training [ROT] holder indicated below holds an appropriate ROT as is required for the referenced facility and is an officer or director, partner, or a person in senior management designated by me as responsible for the oversight of the propane operations to which the license applies:**

Licence No.: \_\_\_\_\_

Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

ROT Certificate No. (copy attached): \_\_\_\_\_

Applicant Name:	Applicant's Title
Applicant's Signature	Date



## Licensing and Registration Information Bulletin Fuels Safety PROPANE LICENSE RENEWAL REQUIREMENTS

Please find enclosed information to assist you with the renewal of your propane license(s).

All fees and documentation are due by the license expiry date. TSSA's average turnaround time for processing renewals is 10 business days. Please ensure that you allow sufficient time for processing before the date of licence expiration.

**Before the expiry date**, a license holder must submit the RSMP Renewal Application and all other Pre-requisites to avoid the issuance of a shutdown order. All changes (if any) made to the renewal application must also be submitted to the local fire services. Fees will be charged for processing, reviewing and site inspection associated with the new license. Application forms are available on our website at [www.tssa.org](http://www.tssa.org)

TSSA will be sending renewal packages electronically by email to operators for whom we have a valid email address. All others will be sent by mail.

Please note: renewal invoices will be sent separately by mail/email.

### Important information when completing your renewal package.

#### Renewal Package Checklist

To assist you with completing the renewal package, ensure you have:

Completed Application for Renewal of Level 1 Propane License form  
(it is mandatory to complete Page 1 and Page 2 if there is no change noted on Page 1)

**or**

Completed Application for Renewal of level 2 Propane License form  
(it is mandatory to complete Page 1 to 4)

Submitted License fee

Record of Training Confirmation and Designation Form including:

- a Record of Training Confirmation and Designation Form (included in this package) must be submitted; **and**
- a photocopy of both sides of the ROT's valid ROT wallet card.

Submitted a Certificate of Insurance

Please be advised that missing any requirement from the checklist will cause a delay in processing your renewal.

#### Submittal of Renewal Package

Renewal packages, submitted by mail, **must** be sent to the following address:

**Attention:** Propane Licensing  
Technical Standards and Safety Authority  
345 Carlingview Dr.  
Toronto ON M9W 6N9

Renewal packages submitted by email, **must** be sent to [propanelicensing@tssa.org](mailto:propanelicensing@tssa.org)

**Note:**

**The following fees are applicable only if there are changes to the most recent RSMP submission. If there are no changes to the RSMP, no RSMP fees are due.**

**FEES  
(HST Registration No: 891131369)**

Select	Service	Fee Type	Fee	HST	Total (Including HST)	Total Fees Due
	<b>Risk Safety Management Plan (RSMP) -</b> Changes to RSMP from prior year's submission					
	<b>Bulk Plant &amp; Fill Sites - L1, &lt;5,000 Gallons</b> (includes review)	Flat*	\$ 213.00	\$ 27.69	\$ 240.69	
	<b>Expedited Services**</b>					
	<b>Expedited Engineering Services</b> (Additional charge to engineering review per site application)	Flat	\$ 533.50	\$ 69.36	\$ 602.86	

<b>Total Fees Due</b>				
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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**

\*Flat fees relating to engineering services or initial inspection may be subject to additional billing if engineering submissions are inadequate or require excessive engineering review/initial inspection time. Additional billing, if any, 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.

**INFORMATION ON INSURANCE DOCUMENTATION**

Proof of Insurance: Effective January 1, 2016 Ontario Regulation 197/14 (Liability Insurance for Propane Operators) requires that propane facilities requiring an RSMP must maintain commercial general liability coverage as follows:

Propane Facility	Minimum amount of insurance in CAD
A facility for which the operator is required to have a Level 1 risk and safety management plan under Ontario Regulation 211/01	\$1,000,000 per occurrence
A facility for which the operator is required to have a Level 2 risk and safety management plan under Ontario Regulation 211/01	\$5,000,000 per occurrence

As evidence of insurance, applications for licenses for the above types of propane facilities must submit an original Certificate of Insurance in Acord or CSIO form. This must indicate that the facility carries at least the minimum required amount of commercial general liability insurance.

Please note, any changes made to your application must be relayed to TSSA in the case of a change of insurance coverage that is below the required amounts, in accordance with the regulation.

Submission of the above documents can be directed to [propanelicensing@tssa.org](mailto:propanelicensing@tssa.org). Hardcopies can be sent to the below address.

**Attention:** Propane Licensing  
Technical Standards and Safety Authority  
345 Carlingview Drive  
Toronto, ON  
M9W 6N9

Questions regarding TSSA licensing requirements, status of submitted applications and RSMPs should be directed to **416.734.3587** or toll free at **1.855.734.3587**.



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

# PAYMENT INSTRUCTIONS

<b>TSSA use only</b>	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](http://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