



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Tel: 416.734.3300
 Fax: 416.234.9169
 Customer Service: 1.877.682.8772
 Email: customermanagement@tssa.org
 www.tssa.org

Application for an Ontario Licence to Operate a **New
 Propane Cylinder Handling Facility**
Technical Standards and Safety Act
 Propane Storage and Handling Regulation

For Office Use Only

Please submit completed application and supporting documentation by mail, fax, or e-mail (in pdf format).
 Making a false statement may result in a fine or prosecution.

Check applicable box(es) New **Cylinder Handling Facility**

Valid municipal approval letter issued by the local municipal planning department. Invite letter to the fire department (inviting them on to the site). Mail payment along with this completed application, municipal letter, and proof of invitation to the fire department.

Was this facility previously licensed under the Act? Yes No

If 'yes', provide name of previous owner

Licence Number

A. LICENCE HOLDER INFORMATION

Person or 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:		Signature of Contact Person:	

B. FACILITY LOCATION Same as: A
 (Note this must be a delivery or fire route address.)

Person or 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
 (Person or Company we should communicate with regarding engineering and inspection approval on behalf of the owner.)

Person or 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

(Person or Company responsible for fees invoiced for approval including engineering and inspection fees.)

Person or 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)

Select	Service	Fee Type	Service Fee	License Fee	HST on Service Fee	Total (Including HST)	Total Fees Due
	Cylinder Handling (includes License, engineering, initial inspection, 1 follow-up and travel)	Flat*	\$ 1,067.00	\$ 213.00	\$ 138.71	\$ 1,418.71	

Total Fees Due	1	2			
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If paying by credit card, amounts in Boxes 1 and 2 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.

All additional follow-up inspections are billed in accordance with the TSSA fee schedule.

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.



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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)

<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