



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  
 Propane Cylinder Exchange - New**  
*Technical Standards and Safety Act*  
 Propane Storage and Handling Regulation

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 Exchange

**MUST SUBMIT:**  
 Valid municipal approval letter:  
 a) issued by the local municipal planning department,  
 b) issued within the past 6 months and reference the facility owner,  
 c) clearly states approval for the propane facility at the designation location site.

Failure to submit the municipal approval letter will result in a delay in processing the application.

For Office Use Only

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:

|                    |  |
|--------------------|--|
| <b>D. INVOICEE</b> | Same as: <input type="checkbox"/> A<br>(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 | License   | Total Fees Due |
|--------|-----------------------------|----------|-----------|----------------|
|        | Cylinder Exchange - License | Flat     | \$ 173.00 |                |

|                       |  |  |
|-----------------------|--|--|
| <b>Total Fees Due</b> |  |  |
|-----------------------|--|--|

**2**

**If paying by credit card, amount in Box 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**

**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

|                      |     |      |
|----------------------|-----|------|
| <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