#### 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 Handling Facility - Change of License Holder

**Technical Standards and Safety Act**Propane Storage and Handling Regulation

| Please submit completed application and su<br>Making a false staten   |                                |               | mail (in pdf format). |                | For Office Use Only |
|---|--------------------------------|---------------|-----------------------|----------------|---------------------|
| Check applicable box(es) Change Lice  | ence Holder                    | Cylinder Hand | lling Facility        |                |                     |
| MUST SUBMIT:  Valid municipal approval letter issued by the local department (inviting them on to the site). Failure result in a delay in processing the application. |                                |               |                       | _              |                     |
| 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 N  | lumber:                        |               |                       |                |                     |
| Street Name / 911 Number/Address, if application  | able:                          |               |                       |                |                     |
| Unit/Suite:   | PO Box:                        |               |                       |                |                     |
| City/Town:  | I                              |               | Province:             |                | Postal Code:        |
| Telephone No.:  | Fax No.:                       | Cell          | No.:                  | Email          | :                   |
| Print Name of Contact Person: Signature of Contact Person:  |                                |               |                       |                |                     |
| B. FACILITY LOCATION (Note this must be a delivery or fire route at Person or Company Name: Street Name / 911 Number/Address, if applications                         |                                |               |                       |                |                     |
| Unit/Suite:   |                                |               | 1                     |                |                     |
| City/Town:  |                                | Province:     |                       |                | Postal Code:        |
| Telephone No.:  | Fax No.:                       |               |                       | Cell No.:      |                     |
| E-mail:   |                                |               |                       |                |                     |
| Print Name of Contact Person:   |                                |               |                       |                |                     |
| C. TECHNICAL CONTACT (Person or Company we should communic Person or Company Name:  | Same as: A cate with regarding |               | ction approval on beł | nalf of the ow | ner.)               |
| Street Name / 911 Number/Address, if application  | able:                          |               |                       |                |                     |
| Unit/Suite:   | PO Box:                        |               |                       |                |                     |
| City/Town:  | ,                              |               | Province:             |                | Postal Code:        |
| Telephone No.:  | Fax No.:                       |               |                       | Cell No.:      | ·                   |
| E-mail:   | 1                              |               | -                     |                |                     |
| 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.

| Facility Address:  |          |                              |              |  |  |  |
|--|----------|------------------------------|--------------|--|--|--|
| D. INVOICEE Same as (Person or Company responsible for fees invoiced |          | 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-yyyyy):                                   | FFFO     |                              |              |  |  |  |

### FEES

(HST Registration No: 891131369)

| Select | Service  | Fee<br>Type | Inspection | License   | HST<br>on<br>Inspection | Total<br>(Including<br>HST) | Total<br>Fees Due |
|--------|--|-------------|------------|-----------|-------------------------|-----------------------------|-------------------|
|        | Cylinder Handling<br>(includes License, inspection and travel) - up to 1<br>inspection hour included | Minimum*    | \$ 302.50  | \$ 223.50 | \$ 39.33                | \$ 565.33                   |                   |
|        | Expedited Services**   |             | 74)        | 300       |                         | 300                         |                   |
|        | Expedited Inspection Service (invoiced separately at 2 x standard rates)                             |             |            |           |                         |                             |                   |

| Total Fees Due |   |   | 8 |  |
|----------------|---|---|---|--|
|                | 1 | 2 |   |  |

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

\*All minimum fees include specified hours. Excess time above the specified included hours 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.

#### \*\*Expedited Services

Expedited service fees are non-refundable

Expedited services places your application in an expedited service line.

Expedited inspection services (inspection & travel time included in the flat fee, plus any excess hours) will be billed at 2 x the standard inspection rate.

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.



### **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

Cheque, Bank Draft or Money Order (payable to Technical Standards and Safety Authority)

| Name of Applicant/Organization:<br>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