



Technical Standards and Safety Authority  
345 Carlingview Drive  
Toronto, Ontario M9W 6N9  
Tel: 416.734.3300  
Fax: 416.231.4078  
Customer Service: 1.877.682.8772  
E-mail: fsubmissions@tssa.org  
www.tssa.org

# Application for Field Approval of Appliances or Equipment

*Technical Standards and Safety Act*  
Fuels Safety Regulations

Please submit completed application and supporting documentation by mail, fax, or email (in pdf format).	For Office Use Only
Check applicable box(es) <input type="checkbox"/> Digester Gas <input type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Propane <input type="checkbox"/> Landfill <input type="checkbox"/> Other _____	
Required Documentation (2 copies each) <input type="checkbox"/> Bill of Materials <input type="checkbox"/> Electrical Schematic <input type="checkbox"/> Purge Calculations <input type="checkbox"/> Valve Train / P&ID Drawing(s)	

Type of Appliance/Equipment:	<input type="checkbox"/> Mobile Appliance
Manufactured by:	No. of Units:
Model:	Serial No.(s):
Main Supply Pressure:	
Maximum Input:	Minimum Input:
Burner/Manifold Operating Pressure:	

### A. OWNER OF APPLIANCE OR EQUIPMENT

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:				

### B. LOCATION ADDRESS                      Same as: A (Where appliance/equipment is to be installed/inspected. 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.:		
Email:				
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.:		
Email:				
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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 Fuels Safety Regulations

Location Address:

**D. INVOICEE**

(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.:

Email:

Print Name of Contact Person:

Signature of Contact Person:

Date of Application (dd-mmm-yyyy): \_\_\_\_\_

**FEES**

(HST Registration No: 891131369)

(Maximum 10 per Application)

Enter Qty	Service	Fee Type	Service Fee	HST on Service Fee	Total (Including HST)	Quantity	Total Fees Due
	<b>Field Approval based on a NON-Identical Design Appliance/Equipment</b>						
	Field Approval - up to 3 engineering hours and 5.25 inspection hours included (per appliance/equipment)	Minimum*	\$ 1,457.00	\$ 189.41	\$ 1,646.41	x	=
	<b>Field Approval based on an Identical (same make and model) Appliance/Equipment</b>						
	Field Approval - up to 3 engineering hours (up to 10 Identical (same make and model) appliances/equipment)	Minimum*	\$ 583.50	\$ 75.86	\$ 659.36	x	=
	Field Approval - up to 5.25 inspection hours included (per appliance/ equipment)	Minimum*	\$ 873.50	\$ 113.56	\$ 987.06	x	=
Select	<b>Expedited Services**</b>						
	Expedited Engineering Services (Additional charge to engineering review per site application)	Flat	\$ 560.00	\$ 72.80	\$ 632.80	x	=
	Expedited Inspection Service (invoiced separately at 2 x standard rates)						

<b>Total Fees Due</b>	<b>1</b>
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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**

\*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.

**\*\*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.



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[www.tssa.org](http://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