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: fssubmissions@tssa.org www.tssa.org

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SSA

Application for Field Approval of Mobile Food Truck

Technical Standards and Safety Act

Fuels Safety Regulations

| Please submit completed | For Office Use Only | | |
|--------------------------|-------------------------|--|--|
| | | | |
| Check applicable box(es) | Natural Gas | Propane Gas | |
| Required Documentation | List of Appliances Used | List of Gas Components MFSE Layout Drawing | |

| Mobile Food Service: | Truck | Trailer | Cart |
|----------------------|-------|---------|------|
| Manufactured by: | | | |
| V.I.N. or Plate No.: | | | |
| Supply Pressure: | | | |

| A. OWNER OF APPLIANCE OR EQUIPMENT | | | | | | | |
|---|---|----------|-----------------------|-----------|--------------|--|--|
| Company Name: | | | | | | | |
| Corporation Number/Business Identification Num | nber: | | | | | | |
| Street Name / 911 Number/Address, if applicable | e: | | | | | | |
| Unit/Suite: | PO Box: | | | | | | |
| City/Town: | | | Province: | | Postal Code: | | |
| Telephone No.: | Fax No.: | Cell N | lo.: | Email: | | | |
| Print Name of Contact Person: | | | | | | | |
| B. LOCATION ADDRESS Sa (Where appliance/equipment is to be installed | ame as: A d/inspected. Note this must be a | delivery | v or fire route addre | ss.) | | | |
| Company Name: | | | | | | | |
| Street Name / 911 Number/Address, if applicabl | e: | | | | | | |
| Unit/Suite: | | | | | | | |
| City/Town: | | | Province: | | Postal Code: | | |
| Telephone No.: | elephone No.: Fax No.: | | | Cell No.: | | | |
| Email: | | | | | | | |
| Print Name of Contact Person: | | | | | | | |
| C. TECHNICAL CONTACT Sar (Company we should communicate with rega | ne as: A B D Inding engineering and inspection | n approv | val on behalf of the | owner.) | | | |
| Company Name: | | | | | | | |
| Street Name / 911 Number/Address, if applicabl | e: | | | | | | |
| Unit/Suite: | Jnit/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 approv | val including engineering and insp | pection 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: | S | Signature of Contact Person: | | | | |
| Email: | | Signature of Contact I | | | | |

Date of Application (dd-mmm-yyyy):

| | | Fee | s | ervice | on | HST Service | (Ir | Total Including | Total |
|--------|---|-------|----|---------|----|----------------|-----|--------------------|----------|
| Select | Service | Туре | | Fee | | Fee | | HST) | Fees Due |
| | Mobile Food Truck (includes engineering, first field inspection, 1 follow-up and travel) | Flat* | \$ | 1457.00 | \$ | 189.41 | \$ | 1,646.41 | |
| | Expedited Services** | | а. | | | | | | |
| | Expedited Engineering Services (Additional charge to engineering review per site application) | Flat | \$ | 560.00 | \$ | 72.80 | \$ | 632.80 | |
| | Expedited Inspection Service (invoiced separately at 2 x standard rates) | | | | | | | | |

FEES (HST Registration No: 891131369)

If paying by credit card, amount in Box 1 to be entered in TSSA Service Prepayment Portal

1

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.

Total Fees Due

**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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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: 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