



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 Reinstatement in Ontario as a Fuels Contractor

*Technical Standards and Safety Act*

Name of Company:		Corp No./Business Identification No.:	For Office Use Only
Name of Person:			
E-mail:			
Have you been previously registered as a contractor? <input type="checkbox"/> Yes Registration No.: _____ <input type="checkbox"/> No			

**A. Complete Mailing Address**

Street No.:	Street Name:		
Unit/Suite:			
City/Town:		Province:	Postal Code:
Telephone No.:	Fax No.:	Cell No.:	
If you are a fuels certificate holder, provide the Certificate No.			

**B. If your business location address is different from your mailing address, please complete this section.**

Street No.:	Street Name:		
Unit/Suite:			
City/Town:		Province:	Postal Code:
Telephone No.:	Fax No.:	Cell No.:	

<p><b>1. Type(s) of work - Check appropriate box(es)</b></p> <p>a) <input type="checkbox"/> Heating Fuels Contractor</p> <p style="margin-left: 20px;"><input type="checkbox"/> Fuel oil</p> <p style="margin-left: 20px;"><input type="checkbox"/> Natural Gas</p> <p style="margin-left: 20px;"><input type="checkbox"/> Propane Vapour</p> <p style="margin-left: 20px;"><input type="checkbox"/> Liquid Propane</p> <p>b) <input type="checkbox"/> Petroleum Contractor</p> <p>c) <input type="checkbox"/> Natural Gas Motor Fuel</p>	<p style="text-align: center;"><b>NOTES</b></p> <p>1. It is mandatory to apply for separate registrations, please submit separate applications according to the applicant's type of work, classified as a), b), or c).</p> <p>2. A contractor pre-registration inspection must be performed.</p>
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You are required by law to notify TSSA of any change of information.  
 The information is collected under the authority of Ontario's Technical Standards and Safety Act.

**I have read the Act under which I am applying for registration and understand my duties and obligations, as they apply to me and my employees. I certify that the information I have provided in this application is true.**

Name of the Owner/Operator (Print)	Signature	Date (dd-mmm-yyyy)
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## FEES\*

(HST Registration No: 891131369)

Enter # of years operating without a License	Current Year	Total Years	Fuels Contractor Pre-Registration	Fee Type	Registration fee	Total Years		Total Fees Due
						x	=	
			< 6 Technicians	Flat	\$ 476.00	x	=	
			6 - 10 Technicians	Flat	\$ 834.00	x	=	
			> 10 Technicians	Flat	\$ 1,848.50	x	=	

<b>Total Reinstatement Fees Due</b>	
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Value in Box 2 to be entered in TSSA Service Prepayment Portal **2**

Click here to access [TSSA Service Prepayment Portal](#)

**\*Note: Engineering and/or Inspection services may be required to reinstate the license/ registration and will be billed as a separate fee**

## Technician Count Summary

No.	Name of Certificate Holder/Subcontractor	TSSA Certificate/ Registration #	Technician Count*		
			If Full-time Enter '1'	If Part-time Enter '0.5'	If Sub-contractor Enter '1'
Grand Total					
Totals					

If there are insufficient rows available please make copies of this form

**\*Use the following guidelines to determine the technician count**

- Only field technicians (certificate holders) are counted as technicians
- Administrative staff with certificates are not counted
- Each part-time technician counts as 0.5 technician
- Each subcontractor counts as 1 technician