



345 Carlingview Drive  
Toronto, Ontario  
M9W 6N9

# Request for Extension of Ontario Certificate of Authorization

Boilers and Pressure Vessels Safety

This application is for:

**Company:** \_\_\_\_\_  
(Company name as it appears on the Certificate)

**Division:** \_\_\_\_\_  
(Division, department, etc., as it appears on the Certificate)

**Address:** \_\_\_\_\_  
(Give full FACILITY address including unit numbers and postal code)

\_\_\_\_\_  
(Give full POSTAL address for mailing/billing including unit numbers and postal code, if different from above)

**Certificate number(s):** \_\_\_\_\_  
(Current certificate numbers)

\_\_\_\_\_  
(Certificate expiration date)

**Length of extension required:**      6 months \_\_\_\_\_

**Required Fee (CAD):**              \$632.80\*

Please provide the reason for extension:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:**

A detailed letter containing the following information must accompany the application: **description of work to be completed, scheduled date of completion, confirmation that while working under a granted extension, the applicant will operate in accordance with the Quality Program which was in place and accepted by the TSSA Survey Team at the applicant's last review.**

\*A cheque for CAD \$560 (plus 13% tax) must accompany the application. An extension will be granted for six months, with no further extension and will only cover work listed in the request.

**This section must be completed by a company Officer or Designee**

Name (print): _____	Email: _____
Title: _____	Phone: _____
Signature: _____	Mobile: _____
Date: _____	Fax: _____