



Technical Standards and Safety Act, 2000

APPEAL OF THE REQUIREMENT TO PAY FEES

An appeal pursuant to subsection 22.(1) of the *Technical Standards and Safety Act, 2000* must be made in writing and filed with the Director within 90 days of the invoice date. File your signed original appeal with:

Hearings Coordinator
Technical Standards and Safety Authority
345 Carlingview Drive
Toronto, ON
M9W 6N9
Phone: (416) 734-3548

Please read Information Bulletin No. 2 - APPEAL OF THE REQUIREMENT TO PAY FEES, BEFORE completing this form.

THE APPELLANT

Name (Company/Individual):

Contact Person:

Address:

TSSA Client No. (if any):

Telephone:

Fax:

E-mail Address:



Name of your Representative (if any):

Address:

Telephone:

Fax:

E-mail Address:

The Technical Standards and Safety Authority (TSSA) is the Responding Party to the appeal. **Your appeal must include a copy of the invoice for the fees and all other documentation that you want the Director to consider in this appeal.**

Program Area: Fuels []
Elevating Devices []
Amusement Devices []
Boilers and Pressure Vessels []
Operating Engineers []
Upholstered & Stuffed Articles []

Inspector/Engineer Name Responsible for Fee:

Invoice Number:

Invoice Date (**must be appealed within 90 days of the invoice date**):

Inspection Report Number (if any):

Date of Inspection, Investigation or Audit (Inspection Report):



STATEMENT OF FACTS AND ISSUES

Describe the circumstances which resulted in the fees. Indicate what happened, when and where it happened, and who was involved (attach additional pages, if necessary).

REASONS/GROUNDS FOR YOUR APPEAL

Outline your reasons for appealing the fees. Why do you think that you are not responsible for the fees? Why do you think the TSSA was wrong to charge the fees? What is the result that you are seeking? Attach additional pages, if necessary.

Date _____ Signature _____



IMPORTANT NOTE

YOU MUST FILE WITH THE HEARINGS COORDINATOR ONE SIGNED ORIGINAL OF THIS APPEAL. **APPEALS MAY ONLY BE FILED BY HAND DELIVERY, REGISTERED MAIL OR COURIER.**

IF THE INFORMATION CONTAINED IN THIS FORM IS INCOMPLETE, THE DIRECTOR MAY NOT BE ABLE TO PROCESS YOUR APPEAL.

PLEASE NOTIFY THE HEARINGS COORDINATOR IMMEDIATELY OF ANY CHANGE IN YOUR ADDRESS, PHONE OR FAX NUMBERS. IF YOU FAIL TO NOTIFY THE HEARINGS COORDINATOR OF ANY CHANGES, CORRESPONDENCE SENT TO YOUR LAST KNOWN ADDRESS MAY BE DEEMED TO BE RE