



Technical Standards and Safety Authority
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 Customer Service: 1.877.682.8772
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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>1. Type(s) of work - Check appropriate box(es)</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;">NOTES</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) |
|------------------------------------|-----------|--------------------|

