



Technical Standards and Safety Authority
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 Toronto, Ontario M9W 6N9
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 Customer Service: 1.877.682.8772
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Application for Reinstatement of an Ontario Licence to Transmit Natural Gas by Pipeline

Technical Standards and Safety Act
 Oil and Gas Pipeline Systems Regulation

For Office Use Only

Licence Number

Failure to fully complete this form may result in rejection.

Making a false statement may result in a fine.

New unit of measure calculated as a product of pipeline length in kilometres multiplied by the pipe diameter in inches of the line system.

Loops are counted as separate lines. For licensing purposes, the length of the transmission pipeline system is the one preceding the year in which this application is made.

The Undersigned applies to TSSA for a Licence to Transmit Natural Gas by Pipeline under Ontario's *Technical Standards and Safety Act*, Oil and Gas Pipeline Systems Regulation.

Company Name

Corporation Number

E-mail Address

A

Telephone No.

Contact Person

B

Street No.

Street Name / 911 Number/Address if applicable

Town / City or Township / County

Province

Postal Code

Mailing Address

FEES*

Enter # of years operating without a License	Current Year	Total Years	Transmission Pipelines	Fee Type	Fee			Total Fees Due
			Gas Transmission Pipeline - <100	Flat	4,167.50	x	=	
			Gas Transmission Pipeline - 100 to <1,000	Flat	23,817.50	x	=	
			Gas Transmission Pipeline - ≥1,000	Flat	83,361.50	x	=	

Total Reinstatement Fees	
Late Payment Fee	75.00
Total Amount Due	

Value in Box 2 to be entered in TSSA Service Prepayment Portal **2**

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

All required fees must be prepaid for application to be processed. Fees are non-refundable.

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

Application is valid for 12 months from date received by TSSA. You are required by law to notify TSSA of any change of information.

I certify that the above information is true.

Year	Month	Day

Print name of Owner/Operator _____

Position _____ Signature _____