



Technical Standards and Safety Authority
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Record of Training Attestation

Technical Standards and Safety Act

To be completed by any person who is the Officer/Director of the Company.

Name of Company:	Corporation No.:
Name of Person:	
Email:	

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

B. If your service 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.:	

ATTESTATION

Licence No.: _____

I, _____ hereby delegate:
First Name Last Name

Name: _____

Position Title: _____

ROT Certificate No. (copy attached): _____

as designate under the Propane Storage and Handling Regulation (O.Reg. #211/01),
 section 27.1 (3)(4) I have completed the appropriate awareness training as required.

Name of the Officer/Director (Print)	Position Title	Signature	Date (dd-mmm-yyyy)