

PREPAYMENT IS REQUIRED (as of May 1st, 2021 - see fee schedule on TSSA's website for details)



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Fax: 416.231.4903
 Customer Service: 1.877.682.8772
 www.tssa.org

**Piping, Welding, Brazing, Used Vessel
 Design Registration Application for a CRN**

*Technical Standards and Safety Act
 Boilers and Pressure Vessels Regulation*

TSSA use only	
Date:	_____
WO#:	_____
Prepayment received	YES NO

Date of Application (mm/dd/yyyy):	Expedited / Rush Service ** (additional fees apply)
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Please indicate the type of design: Conventional Nuclear

Piping System Welding/Brazing Procedure Used/Altered Vessel Other: _____

Existing CRN: _____ (if applicable)

Section A: Submitter		Section B: Invoicee Same as: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D	
Company Name:		Company Name:	
Address:		Address:	
City/Town:	Province/State:	City/Town:	Province/State:
Postal/Zip Code:	Country:	Postal/Zip Code:	Country:
Telephone:	Fax:	Telephone:	Fax:
Contact Name:		Contact Name:	
E-mail:		E-mail:	
Job No./Reference:		Purchase Order No.:	
Drawing/Design No.:			
Acct/Cust No.:		Acct/Cust No.:	
Section C: Facility/Owner Same as: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D (Location of Installation for Piping, Used/Altered Vessels)		Section D: Installer/Manufacturer Same as: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C (Mfg For Used/Altered Vessels)	
Location Name:		Company Name:	
Address:		Address:	
City/Town:	Province/State:	City/Town:	Province/State:
Postal/Zip Code:	Country:	Postal/Zip Code:	Country:
Telephone:	Fax:	Telephone:	Fax:
Contact Name:		Contact Name:	
E-mail:		E-mail:	
Acct/Cust No.:		Acct/Cust No.:	

Approvals and Documents will be sent to the Submitter only.

Please sign & date before returning to TSSA

Signed: _____ **Date** (mm/dd/yyyy): _____

Other Information:

** Expedited / Rush Service - Expedited service is provided at 2 times the standard rate - Expedited service is a review within 10 business days from the date TSSA receives the complete file.

*Information provided in this application is releasable under the Freedom of Information and Privacy Protection Act and may be disclosed upon request.



Payment and Fee Information

TSSA use only	L #	CH #
WO # _____		

A prepayment for each Review is required and must be included with your submission in order to begin the process. Invoices will only be issued for the amount billed over and above the deposit or prepayment.

****Prepayment of additional charges for Expedited / Rush services will be required starting November 1st, 2021. Prior to this date, applicable expedited service fees will be invoiced.**

Prepayment Amount \$

Province of Ontario Engineering review of design submission:

Engineering Services (per registration application) 1,2,3	Fee Type	Fee	HST	Total
Registrations				
Piping (new designs, addendums and revisions to registrations)	Flat	\$220.00	\$28.60	\$248.60
Welding or Brazing	Flat	\$230.00	\$29.90	\$259.90
Alteration/Modification(Conventional) - used/altered vessel	Flat	\$435.00	\$56.55	\$491.55

All nuclear submissions will be charged at the hourly rate and no pre-payment required.

Boilers & Pressure Vessels Fee Schedule (Fees may be subject to change in the event of errors or omissions)

Notes

- 1 - All customer requested services to be prepaid (includes flat and minimum fees).
- 2 - All prepaid fees are non-refundable.
- 3 - Flat fees relating to engineering services may be subject to additional billing if engineering submissions are inadequate or require excessive engineering review time.

For the complete fee schedule please see our website at: www.tssa.org

Payment:

Total amount submitted \$

Name of Applicant/Organization:	
Telephone No:	Email address:

Wire Transfer (Wire Transfer pay to: TD Canada Trust Beneficiary: Technical Standards and Safety Authority Swift: TDOMCATTOR, Account: 05200306317

***Please add \$CDN 15.00 to your remittance for bank handling charges for wire transfers. Send a copy of your remittance by e-mail at areceivable@tssa.org**

Cheque/Bank Draft/Money Order #: _____ (Please make payable to: Technical Standards and Safety Authority)

Credit Card	VISA	MASTERCARD	Total Authorization amount \$	CAD \$
Card #			Month Year	
		Expiry		
Name of Card Holder	_____		Telephone No.	_____
Signature of Card Holder	_____		Date	_____

Payment Receipts can be requested by calling our customer contact centre at 1.877.682.8772 only after the payment has been processed.

HST Registration No.: 891131369

Exchange rate US funds: Please refer to

<https://www.tssa.org/corplibrary/ArticleFile.asp?Instance=136&ID=2B2FC189364311E7B91F005056AD4CB7>