



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Customer Service: 1.877.682.8772
 Fax: 416.734.3568
 Email: publicinformationsservices@tssa.org
www.tssa.org

Application for Release of Public Information Issued under the Access and Privacy Code

A. REQUESTOR INFORMATION:

Your File/Project/Reference No: _____ Date: _____

Requestor Name:		Organization		For Office Use Only	
Suite/Unit No:	Street No:	Street Name:			Authorization No.
City:	Province:	Postal Code:			Account No.
Primary Phone:		Secondary Phone:			SR No.
Email:		Fax:			P.I No:

B. PROGRAM (check ALL that apply)

Boilers & Pressure Vessels
 Elevating & Amusement Devices
 Fuels
 Upholstered and Stuffed Articles

C. DETAILS OF REQUEST (please list in detail the information you require)

D. PLEASE ANSWER ALL THAT APPLY:

Address of Subject Location (one address per form)

Device/equipment Type: _____ Owner: _____

Installation Number: _____

CRN: _____ OIN: _____ Serial #: _____

Victim Name (if applicable): _____

Certificate Holder Name (if applicable): _____ Certificate Holder Date of Birth: _____
(DD-MM-YYYY)

Date /period requested:

From (date): _____ to (date) _____

Most recent record



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E REASON FOR REQUEST (please explain the reason for your request)

F. TERMS AND CONDITIONS:


Please refer to the link for our Access and Privacy Code [Access and Privacy Code.pdf](#). If this request includes a release of personal information, TSSA will require consent from the effected party.

Applicant Signature	Date
Please Print and sign before returning to TSSA	

G. FEES & PAYMENT:

TSSA will provide a fee quote for multiple record requests, which must be approved by the Applicant before a record search commences. For fees for single searches, please refer to Fee Schedule [Website Fee Schedule.pdf](#)

Payment for single record search is attached (please check if payment attached)

 <p>Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9</p>	<h3 style="margin: 0;">COMPLETE FOR CREDIT CARD PAYMENTS</h3>
Card Type: VISA MASTERCARD	Amount of Payment \$ _____
Card#	Expiry Date
In payment of _____	
Name of Card Holder _____ Client Tel. No. _____	
<i>First Name</i> <i>Last Name</i>	
Signature of Card Holder _____ Date _____	
(DD-MM-YYYY)	