



Technical Standards and Safety Authority  
 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
 Tel: 416.734.3300  
 Fax: 416.234.9169  
 Customer Service: 1.877.682.8772  
 www.tssa.org

**Application for an Ontario Certificate of Authorization**  
**For businesses based Outside Ontario**  
**CSA N285.0 Metallic Material Organizations**  
*Technical Standards and Safety Act*  
 Boilers and Pressure Vessels Regulation

On completion, send this form to the attention of Boilers and Pressure Vessels Safety at the top left TSSA address.

**Company:** \_\_\_\_\_  
 (Legal Company Name and Corporation No.)

**Division:** \_\_\_\_\_  
 (If required)

**Facility Address:** \_\_\_\_\_  
 (Including street, city, province/state, country, postal / zip code)

**Billing Address:** \_\_\_\_\_  
 (If different from Facility Address)

**Code Effective Date:**  
 CSA N285.0 Edition \_\_\_\_\_ Update \_\_\_\_\_ and ASME Edition \_\_\_\_\_ Addenda \_\_\_\_\_

**This application is for** (check all applicable):

- New Certificate                       Renewal Certificate
- Material Organization scope addition to certificate number \_\_\_\_\_
- Corporate certificate extension for certificate number(s) \_\_\_\_\_

If renewal: Current certificate number(s) \_\_\_\_\_

Expiration date(s) \_\_\_\_\_

**Material Organization Program Scope** (Check all boxes that are applicable)

- Operations performed during the melting and heat analysis of the material
  - Operations affecting the mechanical properties of the material
  - Conversion from one product form into another product form including applicable dimensional requirements
  - Certification to the applicable material specification
  - Testing, examination, repair, or treatments required by the material specification or the specific applicable material requirements of ASME Sec. III and certification of the results of such tests, examinations, repairs, or treatments
  - Receipt, identification, verification, handling, storage, and shipment of material or source material
  - Qualification of Nonaccredited Material Organizations permitted by NCA-3820(b)
  - Approval and control of suppliers of source material or subcontracted services NCA-4255.3
  - Utilization and certification of unqualified source material
- Ensure that each of the checked items above are clearly addressed in the Quality System Manual with the applicable controls**



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Check each box for the type of Operations and Materials to be listed in the certificate scope below:

**Note: The Material warehouse quarantine storage location and implementation of controls for receiving, handling, storage and shipping at that location shall be demonstrated to the TSSA survey team.**

Check (X) each applicable box in the line below for the Type of Operation(s) you are applying for to be listed in the Certificate Scope. Strike diagonal line (/) line across each box that does not apply.

<input type="checkbox"/>	Manufacture of Materials	<input type="checkbox"/>	Supply of Materials	<input type="checkbox"/>	Ferrous Materials	<input type="checkbox"/>	Non-Ferrous Materials	<input type="checkbox"/>	Nonmetallic Materials
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Check (X) each applicable box in the two lines below for each additional operation you are requesting. Strike a diagonal line (/) across each box that does not apply.

<input type="checkbox"/>	Utilization of Unqualified Source Material	<input type="checkbox"/>	Approval and Control of Suppliers
<input type="checkbox"/>	Qualification of Nonaccredited Material Organizations	<input type="checkbox"/>	Shipment of Material from Qualified Material Organizations to Other Parties

Indicate in each applicable box in the line below the Type of Operation(s) you intend to perform "P" or subcontract "S". Strike a diagonal line (/) across each box that does not apply.

<input type="checkbox"/>	Material Testing	<input type="checkbox"/>	Weld Repair	<input type="checkbox"/>	Nondestructive Testing	<input type="checkbox"/>	Heat Treatment
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Identify your product forms by indicating in each of the spaces provided below the type of material from which the product is made using "F" for Ferrous and "NF" for Nonferrous. When applying for both Manufacturing and Supplying activities also identify the applicable activity for each product using "M" for Manufacturing and "S" for Supplying. Strike a diagonal line (/) across each box that does not apply.

**PRODUCT FORMS REQUESTED**

<input type="checkbox"/>	Bars	<input type="checkbox"/>	Fittings made from Tubular Products Welded With Filler Metal	<b>WELDING MATERIAL</b>			
<input type="checkbox"/>	Threaded Fasteners	<input type="checkbox"/>	Seamless Tubular Products	<input type="checkbox"/>	Bare Electrodes	<input type="checkbox"/>	Bare Wire
<input type="checkbox"/>	Castings	<input type="checkbox"/>	Tubular Products Welded Without Filler Metal	<input type="checkbox"/>	Covered Electrodes	<input type="checkbox"/>	Consumable Inserts
<input type="checkbox"/>	Forgings	<input type="checkbox"/>	Tubular Products Welded With Filler Metal (ASME NPT Type)	<input type="checkbox"/>	Flux Cored Electrodes	<input type="checkbox"/>	Welding Flux
<input type="checkbox"/>	Plates	<input type="checkbox"/>	Structural Shapes	<input type="checkbox"/>	Metal Cored Electrodes	<input type="checkbox"/>	Powdered Filler Metal
<input type="checkbox"/>	Clad Plates	<input type="checkbox"/>	Sheet	<input type="checkbox"/>	Strip Electrodes	<input type="checkbox"/>	
<input type="checkbox"/>	Seamless Fittings	<input type="checkbox"/>	Strip				
<input type="checkbox"/>	Flanges	<input type="checkbox"/>	Brazing Material				
<input type="checkbox"/>	Fittings Welded Without Filler Metal	<input type="checkbox"/>					

**SEMI FINISHED PRODUCT FORMS**

**NONMETALLIC MATERIALS**

<input type="checkbox"/>	Rounds	<input type="checkbox"/>	Billets	<input type="checkbox"/>	PE Plastic Pipe (Straight)
<input type="checkbox"/>	Hollows	<input type="checkbox"/>	Ingots	<input type="checkbox"/>	PE Plastic Pipe Pellets
<input type="checkbox"/>	Hot Rolled Wire	<input type="checkbox"/>	Semi Finished Strip		
<input type="checkbox"/>	Hot Rolled Rod	<input type="checkbox"/>			



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**Program Activities (e.g. warehousing) Performed at Other Locations** (attach additional sheets if required):

Location	Activity Description(s)

Name of Authorized Inspection Agency (AIA) of Record: \_\_\_\_\_

Do you have a signed Inspection Services Agreement with the above listed AIA?  YES  NO

Company Abbreviation (if used on marking or documentation): \_\_\_\_\_

**FEES:**

***A Pro-Forma Quote will be prepared once the application is received and the full amount of the quoted deposit will need to be received prior to booking the Survey.***

Description	Deposit Required	Amount submitted
CSA N285.0 Nuclear Metallic Material Organization	As per quote*	

**CANCELLATION OR POSTPONEMENT FEES:**

Cancellation or postponement, by an applicant, of a scheduled N285.0 Nuclear Survey, which occurs 30 working days or less from the agreed site implementation survey date, will be invoiced as follows: The cancellation fee and any related additional travel costs, plus applicable taxes will be deducted from the survey fee deposit. The applicant will be invoiced for the balance upon completion of the survey.

- Nuclear Material Organization Cancellation or Postponement Fee **\$990.00\***

**NOTES:**

- 1) Total Survey charges mentioned in the above quote will include deposit amount, plus hourly billing for Survey and travel time at the quoted inspection rate, plus travel expenses for the Team Leader.
- 2) Any Extra time for the Team Leader due to additional locations & follow-ups will be billed per quoted inspection rate.
- 3) Time for Pre-survey is not included in above quote & will be billed separately per quoted inspection rate.
- 4) Please note that the AIA Authorized Nuclear Inspector Supervisor should be present at the audit and the Applicant is required to arrange attendance and cover any related costs.
- 5) The following activities related to the Survey such as: Quality Manual pre-reviews, meetings and/or consultations, pre-survey inspections (and/or site visits), and post-survey follow-ups (site visits and/or document review) will be billed at the quoted inspection rate.
- 6) Time in excess of 8 hours per day will be billed at the overtime rate (1.5 times hourly inspection rate in effect at the time of the Survey), per TSSA Survey team member.



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- 7) Each TSSA Certificate of Authorization will be invoiced at the current fee of **\$94.00 per certificate**, upon completion of a successful Survey.
- 8) \*13% H.S.T. is applicable to survey, inspection, cancellation and postponement fees.
- 9) Applications for each of the certificate program locations below requires a separate quality program implementation demonstration, on a demonstration item or production work in progress, to show all aspects of the program applied for, in current operation to a TSSA survey team. **Applicants should ensure that the written program is accepted by Authorized Nuclear Inspector Supervisor and fully implemented at each location before requesting TSSA to perform a survey.**
  - a) Each location street address for which a Material Manufacture or Material Supply quality system certificate of authorization is requested.
  - b) All supporting location addresses where procurement, QA and/or engineering activities are being controlled, managed and administered; including those support activities such as quarantine warehousing performed at sites other than the main certificate holder location street address.
  - c) For each shop location street address that wishes to include nuclear Material Supply or Material Manufacture including material warehousing, secure storage, and quarantine capabilities; the addition of each of the following activities shall be individually documented in the manual with implementation of the program controls satisfactorily demonstrated by the applicant, before they can be included in a certificate:
    - “Shipment of Material from Qualified Material Organizations to other parties”;
    - “Qualification of Non-Certified Material Organizations”;
    - “Utilization of Unqualified Source Material”;
    - “Approval and Control of Suppliers”
- 10) Please complete the recommendations list to assist with accommodations.

a. Suggested Hotel: \_\_\_\_\_

b. Closest airport: \_\_\_\_\_

Please state if the Applicant will be directly paying for the above fees.

By signature below and as a part of TSSA accreditation, the applicant accepts all conditions related to the issue and use of the Certificate of Authorization provided by TSSA and agrees to unannounced TSSA audits of the program at TSSA’s discretion.

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Must be signed by a Senior Company Officer or Designee)