



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Tel: 1-833-937-8772
 Email: inspectionscheduling@tssa.org
 www.tssa.org

APPLICATION FOR A BPV INSTALLATION INSPECTION REQUEST FORM
*Technical Standards and Safety Act
 Boilers and Pressure Vessels*

R-0521-V3-F.1

| Please complete this Request Form and Payment Authorization Form --- Fields indicated with ' * ' are MANDATORY | |
|--|--|
| * PREFERRED INSPECTION DATE & TIME Please provide ALL preferred Dates & Times | 1) _____ 2) _____ 3) _____ DATE CONFIRMED WITH INSPECTOR <input type="checkbox"/> YES <input type="checkbox"/> NO |
| * BILLING CUSTOMER NAME & ADDRESS Legal Name and Civic Address - Not a PO BOX (Who is being billed for the Inspection) Please provide your TSSA Account Number | LEGAL NAME & ADDRESS: TSSA ACCOUNT: |
| * DEVICE OWNER NAME & ADDRESS (Who receives the Certificate of Inspection) Must be a Civic Address - Not a PO BOX | <input type="checkbox"/> SAME AS BILLING |
| * INSPECTION SITE ADDRESS (Where is the inspection taking place) Must be a Civic Address - Not a PO BOX | <input type="checkbox"/> SAME AS BILLING |
| * INSPECTION SITE CONTACT (Who will meet the Inspector) Please provide the Inspector's Site Contact (NAME, PHONE, EMAIL) | NAME: PHONE: E-MAIL: |
| * NAME OF DESIGNATED TSSA INSPECTOR Local Inspector inspecting at Site location | <input type="checkbox"/> UNKNOWN |
| * IS SPECIAL SAFETY TRAINING REQUIRED TO ACCESS THE SITE If "Yes", Please provide duration of training | HOURS <input type="checkbox"/> NO |

Please Complete the "Required Information"

| INSPECTION TYPE | REQUIRED INFORMATION | | | |
|---|--|--------|-----------------|--|
| FIRST/INSTALLATION Inspection of NEWLY Installed or MOVED New/Used Boilers or Pressure Vessels to OBTAIN a Certificate of Inspection (COI) | DEVICE TYPE | BOILER | PRESSURE VESSEL | |
| | Please provide the CRN Number for each Boiler/Pressure Vessel Installed (e.g. A1234.5; A1234.15, A1234.1C) | | | |
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| INSPECTION FEES | | | | | | | |
|-----------------------------------|--|----------|-----------|----------|-------------------------|------------|----------------|
| (HST REGISTRATION NO.: 891131369) | | | | | | | |
| SELECT ONE | SERVICE | FEE TYPE | FEE | HST | FEE (Including 13% HST) | DEVICE QTY | TOTAL FEES DUE |
| <input type="checkbox"/> | First/Installation Inspection (per Device – includes Inspection, 1 Follow-up and Travel) | FLAT* | \$ 365.00 | \$ 47.45 | \$ 412.45 | | |
| <input type="checkbox"/> | Expedited Inspection Service** (per Device - Invoiced separately at 2x Standard Fee) | FLAT* | \$ 730.00 | \$ 95.00 | \$ 825.00 | | |
| TOTAL FEES DUE | | | | | | | |

ALL REQUIRED FEES MUST BE PREPAID BY CREDIT CARD, CHEQUE, BANK DRAFT OR MONEY ORDER.
PURCHASE ORDERS ARE NOT ACCEPTED.
ALL FEES ARE NON-REFUNDABLE.
FOR PAYMENT OPTIONS, SEE INCLUDED PAYMENT AUTHORIZATION FORM

* FLAT FEE - Includes device inspection, 1 follow-up and travel. All additional follow-up inspections are billed in accordance with the TSSA Fee Schedule

** EXPEDITED SERVICES – Expedited Inspection Service is available and will be charged whenever customer requested work takes the Inspector away from previously scheduled work. Expedited Inspection Service is billed at double the standard fee.

Please E-mail this completed Form and Payment Authorization Form to: **inspectionscheduling@tssa.org**



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Tel: 416.734.3300
 Fax: 416.231.7290
 Customer Service: 1.877.682.8772
 www.tssa.org

PAYMENT AUTHORIZATION FORM

| |
|------------------------------------|
| For Office Use Only |
| SR/Work Order Number: _____ |

This form must accompany all applications submitted to TSSA. A separate payment form is required for each application. Please refer to our fee schedule posted on our website www.tssa.org. Please pay by cheque, bank draft or money order payable to **Technical Standards and Safety Authority** or by Visa or Mastercard. The HST Registration No: 891131369

Check the appropriate box to indicate your method of payment

- Credit Card
(complete Section A & B)
- Cheque, Bank Draft or Money Order
 (payable to Technical Standards and Safety Authority)
 (enclosed & complete Section A)
 Cheque/Bank Draft/Money Order #: _____

SECTION A:

| | |
|---------------------------------|-------------|
| Name of Applicant/Organization: | |
| Telephone No: | Cell Phone: |
| Email address: | |

SECTION B

| | | | | |
|--|---|-------|-------|------|
| I agree to pay Technical Standards and Safety Authority CAD \$ <input type="text"/> on my credit card for fees related to the application. | Please indicate the type of credit card <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD | | | |
| | Credit Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| | Expiry date on the card ▶ <table border="1" style="display: inline-table;"><tr><td>Month</td><td>Year</td></tr></table> | Month | Year | |
| Month | Year | | | |
| Name of the Card Holder <input type="checkbox"/> Same as applicant | Date ▶ <table border="1" style="display: inline-table;"><tr><td>Day</td><td>Month</td><td>Year</td></tr></table> | Day | Month | Year |
| Day | Month | Year | | |
| Signature of the Card Holder | | | | |

Please note that payment receipts can be requested by calling our Customer Contact Centre at 1.877.682.8772 only after the payment has been processed.

Dishonored Payments: A \$35 administration fee will apply for each returned item.