



Technical Standards and Safety Authority
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Piping, Welding, Brazing, Used Vessel Design Registration Application for a CRN

Technical Standards and Safety Act
 Boilers and Pressure Vessels Regulation

INTAKE GROUP	
Date:	_____
SR #:	_____
Agent:	_____

Date of Application (mm/dd/yyyy): _____	<input type="checkbox"/> Expedited Service (please attached request form)
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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 Company Name: _____		Section B: Invoicee Company Name: _____		Same as: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D	
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 (Location of Installation for Piping, Used/Altered Vessels)		Section D: Manufacturer (For Used/Altered Vessels)		Same as: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
Location Name: _____		Location 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.: _____			

Return mail address: A B C **Optional: Courier Collect** Courier name: _____
 Account No.: _____

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

Other Information: _____ _____ _____	Reviewing Engineer: _____ Date: _____ (mm/dd/yyyy)	CRN Issued: _____ Cancelled: _____
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