



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

**National 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: Boiler Pressure Vessel Fitting

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/Catalog No.:		
Acct/Cust No.:	Acct/Cust No.:	

Section C: Owner of Design/CRN	Section D: Manufacturer	Same as: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	Same as: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
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:		
Acct/Cust No.:	Acct/Cust No.:		

Registration required in the following jurisdictions:

<input type="checkbox"/> Ontario	<input type="checkbox"/> Saskatchewan	<input type="checkbox"/> New Brunswick	<input type="checkbox"/> Newfoundland and Labrador
<input type="checkbox"/> British Columbia	<input type="checkbox"/> Manitoba	<input type="checkbox"/> Nova Scotia	<input type="checkbox"/> Yukon
<input type="checkbox"/> Alberta	<input type="checkbox"/> Quebec	<input type="checkbox"/> Prince Edward Island	<input type="checkbox"/> Northwest Territories
			<input type="checkbox"/> Nunavut

Deposit included: CDN \$600.00 - Ontario and up to 2 additional provinces CDN \$1,200.00 - Ontario and 3 or more additional provinces

Cheque No. _____ **Amount \$** _____

(Deposit to be applied to the incurred fees when all jurisdictions are complete – any charges over and above deposit amount will be invoiced at that time.)

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

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

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