



Technical Standards and Safety Authority
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Boilers, Pressure Vessels and Fittings
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
 Boiler Pressure Vessel Fitting 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: Owner of Design/CRN Same as: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		Section D: Manufacturer Same as: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		
Location Name: _____		(If more then one please attach list) 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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**Information provided in this application is releasable under the Freedom of Information and Privacy Protection Act and may be disclosed upon request.*