



**Technical Standards  
and Safety Authority**

Web site: www.tssa.org

345 Carlingview Drive  
Toronto, Ontario M9W 6N9  
Tel: 416.734.3300  
Fax: 416.234.9169  
Customer Service: 1.877.682.8772

## APPLICATION FOR A VARIANCE

*Technical Standards and Safety Act*

Boilers and Pressure Vessels and  
Operating Engineers Regulations

| APPLICANT NAME AND ADDRESS |                        | LOCATION OF PROPOSED VARIANCE<br>(if there is more than one location, attach a list of locations) |  |
|----------------------------|------------------------|---|--|
| A                          | Company Name:          | Name:   |  |
|                            | Street:                | Street:   |  |
|                            | City:                  | City:   |  |
|                            | Province: Postal Code: | Province: Postal Code:  |  |
|                            | Contact Person:        | Contact Person:   |  |
|                            | Telephone: Fax:        | Telephone: Fax:   |  |
|                            | E-mail:                | E-mail:   |  |
|                            | Acct No.:              | Acct No.:   |  |

The Applicant is: The Manufacturer  The Plant Owner  Other (Describe): \_\_\_\_\_

Where the Applicant is not the Plant Owner, or the Manufacturer, of the item described in this variance request; by signature in this space the Plant Owner or Manufacturer of the item, as applicable, acknowledges agreement with all of the terms and conditions of this application for variance and accepts all liabilities associated with this application including all of those described on this page. **I am the Plant Owner / Manufacturer** (delete as applicable) of the item, authorizing preparation and submission of this application.

Print Name of Authorized Signatory: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: (dd-mmm-yyyy) \_\_\_\_\_

**Print Plant Owner or Manufacturer Name:** \_\_\_\_\_

Address: \_\_\_\_\_

| ADDITIONAL INFORMATION |  |  |  | YES | NO | N/A |
|------------------------|--|--|--|-----|----|-----|
| C                      | 1) Is the requested variance for a Plant Registered under the Operating Engineers Regulation? (see "E" below)              |  |  |     |    |     |
|                        | 2) Is a letter from the Plant Chief Operating Engineer agreeing with the proposed variance included with this application? |  |  |     |    |     |
|                        | 3) Is the proposed variance for installed equipment insured under a boiler and machinery policy?                           |  |  |     |    |     |
|                        | 4) Has the insurance company been notified of the proposed variance?   |  |  |     |    |     |
|                        | 5) Is documented evidence of acknowledgement from the insurer provided with this application?                              |  |  |     |    |     |

**i) State the Regulation, Director's Ruling, Standard or Code that cannot be complied with:**

\_\_\_\_\_

**ii) State the reason why the Regulation, Director's Ruling, Standard or Code cannot be complied with:**

\_\_\_\_\_

| DESCRIPTION OF COMPONENT, SYSTEM OR PLANT INVOLVED |     |                                    |                                 |                    |
|--|-----|------------------------------------|---------------------------------|--------------------|
| Plant Registration Number                          | CRN | Boiler/Vessel OIN or Serial Number | Max. Allowable Working Pressure | Design Temperature |
| <b>R-</b>  |     |                                    |                                 |                    |

(see page 2 and attach all additional information to this form) **The Variance requested is:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I understand a variance may be issued for a limited time period only. My suggested expiry date for this variance is:** \_\_\_\_\_ (dd-mmm-yyyy)

**Where a variance is granted, the applicant, its successors, heirs and assigns accepts full responsibility for any and all damages whatsoever and for injury to any person that may arise as a result of the variance or non-conformity for the conditions specified for the variance, to the complete exclusion of the Technical Standards and Safety Authority and agrees to hold harmless and indemnify the Technical Standards and Safety Authority for any action or claim including third-party claims and attendant costs.**

Print Name of Applicant (Signing Officer) \_\_\_\_\_ Print Title \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date: (dd-mmm-yyyy) \_\_\_\_\_

| FOR TSSA OFFICE USE ONLY   |                  |
|--|------------------|
| Variance Granted   | Signed by: _____ |
| Variance Declined  | Title: _____     |
| Variance Granted with Conditions listed<br>(See attached letter) | Date: _____      |
| Variance No: _____   |                  |

# Application for a Variance

## Instructions and Applicable Fees

Variations may be allowed for items which are not in full compliance with the **Ontario's Technical Standards and Safety Act**, Boilers and Pressure Vessels and Operating Engineers Regulations, Director's Order and Code Adoption Document, where the Director or Chief Officer, as applicable, is satisfied, as permitted in Section 36(3)(c) of the Technical Standards and Safety Act, that the variance would not detrimentally affect the safe use of the thing to which the regulation or Minister's order applies or the health or safety of any person.

The application process involves extensive review and research by the **Variance Review Committee**. To avoid delays, please provide the following information together with this completed variance application form (see page 1).

**Note that incomplete applications will not be processed.**

Box A: Provide the name, address and contact information for the applicant and the location of the proposed variance.

Box B: Identify the applicant by checking the appropriate box or identifying by description under "Other". When the applicant is not the Plant Owner or Manufacturer, as applicable, follow the instructions for completion of the statement.

Box C: Respond to each question or statement as "Yes", "No", or "N/A" (Not Applicable).

Box D: i) Clearly identify the regulation, standard, or code and the rule or clause that cannot be complied with  
ii) Explain the reason why the regulation, code or standard cannot be complied with

Box E: Provide the information requested at each box. Where the information is not applicable use "N/A".

Box F: Describe the proposed variance from the Regulation, Director's Ruling, Standard, or Code identified at Box D

Box G: Enter the suggested expiry date for the proposed variance. Read the statement and sign and date the application.

## In addition, provide:

1. A complete description of, and any installation instructions for, the thing, item or process involved;
3. A full description of the circumstances and reasons that require the variance;
4. Assessment of every safety risk associated with the variance, based on safety engineering principles and recognized industry standards;
5. Description of the measures that are proposed to make the installation equivalent in safety to the level of safety intended by the requirements in the regulation, standard, or code;
6. A qualified individual (e.g. P. Eng.) knowledgeable in the design aspects and specifics of the installation must sign the technical support documents;
7. An officer of the company must sign the form under this statement at Box B (when applicable) and below Box G;
8. **The application prepayment per location is required in advance and is non-refundable.** The will be applied to the charges for engineering review and variance committee time. An invoice will be issued for any balance over the deposit amount. In the event a field inspection is required as part of the variance deliberation; such time will be charged and invoiced separately at the inspection rates provided by the fee schedule.

An Application for a Variance can only be considered by the **Technical Standards and Safety Authority (TSSA)** after receipt of all relevant information. Please note that permission in writing must be received by the applicant from the Director, Chief Officer or an authorized representative of TSSA's **Boilers and Pressure Vessels Safety Program or Operating Engineers Program**, as applicable, and the appropriate fees paid by the applicant to TSSA, prior to any work commencing on the installation.

If you require assistance in completing this application, please call **416.734.3299**.

\*Information provided in this application is releasable under the Freedom of Information and Privacy Protection Act and may be disclosed upon request.



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### FEES

(HST Registration No: 891131369)

| Select | Service   | Fee Type | Engineering | HST       | Total (Including HST) | Total Fees Due |
|--------|---|----------|-------------|-----------|-----------------------|----------------|
|        | Province of Ontario Engineering review of design submission<br>(Fees are per application) |          |             |           |                       |                |
|        | Variance (up to 4 hours included)   | Minimum* | \$ 770.00   | \$ 100.10 | \$ 870.10             |                |
|        | Expedited Services (invoiced separately at 2 x standard rates)                            |          |             |           |                       |                |

|                       |  |  |  |  |
|-----------------------|--|--|--|--|
| <b>Total Fees Due</b> |  |  |  |  |
|-----------------------|--|--|--|--|

**1**

If paying by credit card, amount in Box 1 to be entered in TSSA Service Prepayment Portal

**All required fees must be prepaid for application to be processed. Fees are non-refundable.  
For payment options, see Payment Instructions**

\*All minimum fees include specified hours. Excess time above the specified included hours will be billed in 1/4 hour increments at the applicable hourly labour rate based on TSSA's posted fee schedule. All labour rates are per inspector or engineer.

Inspection services, if applicable, will be invoiced separately



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## PAYMENT INSTRUCTIONS

|                      |     |      |
|----------------------|-----|------|
| <b>TSSA use only</b> | L # | CH # |
| WO # _____           |     |      |

If paying by cheque, bank draft, money order or wire transfer, 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](http://www.tssa.org). HST Registration No: 891131369.

### Payment Options:

**Credit Card - Click link below**

**[TSSA Service Prepayment Portal](https://forms.tssa.org/Payments/Service-Prepayment-Portal)**

<https://forms.tssa.org/Payments/Service-Prepayment-Portal>

**If paying by Cheque, Bank Draft, Money Order or Wire transfer complete the following and select payment method:**

Name of Applicant/Organization:

Telephone No:

Email Address:

**Cheque, Bank Draft or Money Order (payable to Technical Standards and Safety Authority)**

Cheque/Bank Draft/Money Order #: \_\_\_\_\_

**Mail payment along with a copy of your application to:**

Attention: Accounts Receivable  
Technical Standards and Safety Authority  
345 Carlingview Drive  
Toronto, Ontario M9W 6N9

**Wire Transfer**

**Pay to Bank:** TD Canada Trust

**Beneficiary:** Technical Standards and Safety Authority

**Swift:** TDOMCATTOR

**Account:** 05200306317

Please add \$CDN 15.00 to your remittance for bank handling charges for wire transfers. Send a copy of your wire remittance by e-mail to [areceivable@tssa.org](mailto:areceivable@tssa.org) along with a copy of your application.

If a copy of the application is not submitted with your payment, this will delay the processing of the application.

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