



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-0222-V6

**Please complete this Request Form and Payment Authorization Form ---Fields indicated with ' \* ' are MANDATORY**

**Inspection of NEWLY Installed or MOVED New/Used Boilers or Pressure Vessels to OBTAIN a Certificate of Inspection (COI)**

<b>* WHO IS COMPLETING THE APPLICATION</b> CONTRACTOR      OWNER	1) _____
	2) _____
	3) _____
<b>* PREFERRED INSPECTION DATE &amp; TIME</b> <i>Please provide all preferred Dates &amp; Times</i>	<b>DATE CONFIRMED WITH INSPECTOR</b> YES      NO
<b>* BILLING CUSTOMER NAME &amp; ADDRESS</b> <i>Legal Name and Civic Address - Not a PO BOX          (Who is being billed for the Inspection)</i>  <i>Please provide your TSSA Account Number if known</i>	<b>LEGAL NAME &amp; ADDRESS:</b>  <b>TSSA ACCOUNT:</b>
<b>* DEVICE OWNER NAME &amp; ADDRESS</b> <i>(Who receives the Certificate of Inspection)      Must be a Civic Address - Not a PO BOX</i>	<b>SAME AS BILLING</b>
<b>* INSPECTION SITE NAME &amp; ADDRESS</b> <i>(Where is the inspection taking place)      Must be a Civic Address - Not a PO BOX</i>	<b>SAME AS BILLING</b>
<b>* INSPECTION SITE CONTACT</b> <i>(Who will meet the Inspector)      Please provide the Inspector's Site Contact          (NAME, PHONE, EMAIL)</i>	<b>NAME:</b> <b>PHONE:</b> <b>E-MAIL:</b>
<b>NAME OF DESIGNATED TSSA INSPECTOR</b> <i>Local Inspector inspecting at Site location</i>	<b>UNKNOWN</b>
<b>* IS SPECIAL SAFETY TRAINING REQUIRED TO ACCESS THE SITE</b> <i>If "Yes", Please provide duration of training</i>	<b>HOURS</b> <b>NO</b>
<b>* IS THERE SPECIAL HEALTH &amp; SAFETY PROVICALS REQUIRED TO ENTER THE FACILITY</b> <i>If "Yes", Please advise</i>	
<b>* Is the facility a Hospital, Long Term Care Facility, Retirement Home or Post-Secondary School?</b> Yes      No	

VALIDATION CHECKS		REQUIRED INFORMATION		
		DEVICE TYPE	BOILER	PRESSURE VESSEL
<b>IS THIS DEVICE MOVING</b> YES      NO If yes, please provide the UID for each device	Please provide the CRN & Serial Number for each Boiler/Pressure Vessel Installed (e.g. A1234.5, A1234.15, A1234.1C)		CRN	CRN
			SN	SN
			CRN	CRN
			SN	SN
	<b>* FEDERAL FACILITY</b> YES      NO		CRN	CRN
			SN	SN
	<b>* PICTURE OF NAME PLATE ATTACHED</b>		CRN	CRN
			SN	SN
	<b>* FIRST DATA REPORT</b> <i>(Complete to the best of your knowledge)</i>		CRN	CRN
			SN	SN

INSPECTION FEES									
(HST Registration No: 891131369)									
Select	Enter # of Devices	Service	Fee Type	Fee	HST	Total (Including HST)	Quantity	=	Total Fees Due
		First/Installation Inspection (per Device – includes Inspection, 1 Follow-up and Travel)	Flat*	\$ 374.00	\$ 48.62	\$ 422.62	x	=	
		Expedited Inspection Service** (per Device) Select this <u>in addition</u> to the above if you would like an expedited inspection. You will receive an additional Invoice at 2x Standard Fee.							

**Total Fees Due**      **1**

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

**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 INSTRUCTION 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.



Technical Standards and Safety Authority  
 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
 Tel: 416.734.3300  
 Fax: 416.231.4078  
 Customer Service: 1.877.682.8772  
 Email: intake@tssa.org  
 www.tssa.org

# PAYMENT INSTRUCTIONS

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

If paying by cheque, bank draft, money order, 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. HST Registration No: 891131369.

## Payment Options:

**Credit Card - Click link below**

[TSSA Service Prepayment Portal](#)

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

Name of Applicant/Organization:

Telephone No:

Email Address:

E-mail the completed Application Form and this Payment Form to: [inspectionsscheduling@tssa.org](mailto:inspectionsscheduling@tssa.org)

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

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