



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
 E-mail: fssubmissions@tssa.org
 www.tssa.org

Application for Approval of High Pressure System

Technical Standards and Safety Act
 Fuels Safety Regulations

Please submit completed application and supporting documentation by mail, fax, or email (in pdf format).	For Office Use Only
Check applicable box(es) <input type="checkbox"/> Bio-Gas <input type="checkbox"/> Landfill <input type="checkbox"/> Digester Gas <input type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other _____	
Required Documentation (3 copies each) <input type="checkbox"/> Bill of Materials <input type="checkbox"/> Engineering Drawings <input type="checkbox"/> Specifications for valves, controls and components <input type="checkbox"/> Other _____	

Attach details of system and/or components.

Manufactured by: _____

Main Supply Pressure: P.S.I.G. _____

Designed in accordance with: CSA Z662 ANSI/ASME B31.1 ANSI/ASME B31.3
 CSA B51 other standard: _____

A. OWNER OF HIGH PRESSURE SYSTEM				
Company Name: _____				
Corporation Number/Business Identification Number: _____				
Street Name / 911 Number/Address, if applicable: _____				
Unit/Suite: _____		PO Box: _____		
City/Town: _____		Province: _____		Postal Code: _____
Telephone No.: _____		Fax No.: _____	Cell No.: _____	Email: _____
Print Name of Contact Person: _____				

B. LOCATION ADDRESS Same as: <input type="checkbox"/> A (Where appliance/equipment is to be installed/inspected. Note this must be a delivery or fire route address.)				
Company Name: _____				
Street Name / 911 Number/Address, if applicable: _____				
Unit/Suite: _____				
City/Town: _____		Province: _____		Postal Code: _____
Telephone No.: _____		Fax No.: _____	Cell No.: _____	
Email: _____				
Print Name of Contact Person: _____				

C. TECHNICAL CONTACT Same as: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D (Company we should communicate with regarding engineering and inspection approval on behalf of the owner.)				
Company Name: _____				
Street Name / 911 Number/Address, if applicable: _____				
Unit/Suite: _____		PO Box: _____		
City/Town: _____		Province: _____		Postal Code: _____
Telephone No.: _____		Fax No.: _____	Cell No.: _____	
Email: _____				
Print Name of Contact Person: _____				

Note: It is illegal to use an appliance, equipment, or work for its intended purpose unless it is approved.
 Please note that this approval may be revoked or suspended if the relevant review and inspection fees are not paid in full.



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Location Address:

D. INVOICEE

(Company responsible for fees invoiced for approval including engineering and inspection fees.)

Company Name:			
Street Name / 911 Number/Address, if applicable:			
Unit/Suite:	PO Box:		
City/Town:	Province:	Postal Code:	
Telephone No.:	Fax No.:	Cell No.:	
Email:			
Print Name of Contact Person:		Signature of Contact Person:	

Date of Application (dd-mmm-yyyy): _____

FEEES FOR ENGINEERING REVIEW AND INSPECTION

Check box to request type of service.

- Regular Service:** 20-30 working days for engineering and inspection services.
Standard Fee: \$169.50 (13% HST included) per hour for engineering review and inspection services.

- Rush Engineering Service Only:** 5 to 10 working days.
Fee: 2 x Standard fee for engineering review.

- Rush Engineering and Inspection Services:** 5 to 10 working days for each service.
Fee: 2 x Standard fee for engineering review and inspection services.

Legal Disclaimer - The owner agrees to hold harmless the Technical Standards and Safety Authority, its employees, agents, successors and assigns from any and all damages, actions, suits, claims or loss arising from the use, approval or refusal to approve of the appliance, equipment or work to which this approval applies. In the event of claims made against TSSA arising from the use of the appliance, equipment or work the owner accepts, on demand to defend such actions on behalf of TSSA and to assume any costs legal or otherwise for the defence or settlement of such claims. Failure to comply with any of the terms and conditions of the approval voids the approval.

Deposit Payment Method

Deposit of \$593.25 (13% HST included) must accompany each application. Invoice will only be issued for the amount billed over and above the deposit.

HST Registration No.: 891131369

Purchase Order No. _____ Purchase Order number will be reflected on invoices and TSSA will not enter into any purchasing agreements.

Cheque or money order enclosed. Please make payable to: **Technical Standards and Safety Authority**

Charge my credit card: VISA MASTERCARD

Card No.

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Expiry Date

Month	Year

Name of Card Holder _____ Telephone No. _____
First Name Last Name

Signature of Card Holder **X** _____ Date _____
(dd-mmm-yyyy)

Payment Receipts can be requested by calling our Customer Contact Centre at 1.877.682.8772 only after the payment has been processed.