



Technical Standards and Safety Authority  
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 Customer Service: 1.877.682.8772  
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**Application for a Review of a Risk and Safety Management  
 Plan (RSMP) for an Existing Propane Facility**  
*Technical Standards and Safety Act*  
 Propane Storage and Handling Regulation

**Failure to fully complete this form may result in rejection.  
 Making a false statement may result in a fine or prosecution.**

**For Office Use Only**

Licence Number \_\_\_\_\_

\_\_\_\_\_

**The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*,  
 Propane Storage and Handling Regulation.**

Firm Name \_\_\_\_\_ Ontario Corporation No., if applicable \_\_\_\_\_

**A** E-mail Address \_\_\_\_\_

Area Code \_\_\_\_\_ Telephone No. \_\_\_\_\_ Contact Person \_\_\_\_\_

**B** Street No. \_\_\_\_\_ Street Name, P.O. Box No., etc. \_\_\_\_\_

Mailing Address Town / City or Township / County \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Information on Container Refill Centre or Filling Plant**

Location of premises to be licensed

Street No. \_\_\_\_\_ Street Name, Lot / Concession No. \_\_\_\_\_

**C** Town / City or Township / County \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Supplier \_\_\_\_\_

**D** Street No. \_\_\_\_\_ Street Name, Lot / Concession No. \_\_\_\_\_

Town / City or Township / County \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Licence Number \_\_\_\_\_ Total Storage Capacity \_\_\_\_\_  
 In U.S. Water Gallons \_\_\_\_\_

Persons employed that hold a required certificate or Record of Training. Add an additional sheet if insufficient space.

Name _____	Certificate Number _____
_____	Certificate Number _____

**Application is valid for 12 months from date received by TSSA. You are required by law to notify TSSA of any change of information.**

**I certify that the above information is true.** \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_

Print name of Owner/Operator \_\_\_\_\_

Position \_\_\_\_\_ Signature \_\_\_\_\_