



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: Intake@tssa.org
 www.tssa.org

Application for an Ontario Licence to Operate a Compressed Gas Refuelling Station

*Technical Standards and Safety Act
 Compressed Gas Regulation*

Please submit completed application and supporting documentation by mail, fax, or e-mail (in pdf format).	For Office Use Only
Check applicable box(es) <input type="checkbox"/> New <input type="checkbox"/> Retail <input type="checkbox"/> Natural Gas <input type="checkbox"/> Full-Serve <input type="checkbox"/> Fast-Fill <input type="checkbox"/> Alteration <input type="checkbox"/> Private <input type="checkbox"/> Hydrogen <input type="checkbox"/> Self-Serve <input type="checkbox"/> Slow-Fill <input type="checkbox"/> Change of Licence Holder <input type="checkbox"/> Key/Cardlock <input type="checkbox"/> VRA Commercial	
Licence Fee (non-refundable) \$110.00. Required Documentation: 3 copies of plans.	

Was this facility previously licensed under the Act? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', provide name of previous owner	Licence Number
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A. LICENCE HOLDER INFORMATION

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

B. FACILITY LOCATION Same as: A (Note this must be a delivery or fire route address.)

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

C. TECHNICAL CONTACT Same as: A B D (Company we should communicate with regarding engineering and inspection approval on behalf of the owner.)

Company Name:		Ontario Corporation No., if applicable	
Street Name / 911 Number/Address, if applicable:			
Unit/Suite:	PO Box:		
City/Town:	Province:	Postal Code:	
Telephone No.:	Fax No.:	Cell No.:	
E-mail:			
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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Facility Address:

D. INVOICEE		Same as: <input type="checkbox"/> A	
(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.:
E-mail:			
Print Name of Contact Person:		Signature of Contact Person:	

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

FEES FOR ENGINEERING REVIEW AND INSPECTION

Check box to request type of service.

- Regular Service:** 30 working days for engineering and inspection services.
Standard Fee: \$169.50 (13% HST included) per hour for engineering review and \$152.55 (13% HST included) for 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.

Payment Method (Submit \$110.00 non-refundable licence fee only. Fees for engineering and inspection services will be invoiced separately.)																										
HST Registration No.: 891131369																										
<input type="checkbox"/> Cheque or money order enclosed. Please make payable to: Technical Standards and Safety Authority																										
<input type="checkbox"/> Charge my credit card: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD																										
Card No. <table border="1" style="display: inline-table; text-align: center; width: 50px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																						Expiry Date <table border="1" style="display: inline-table; text-align: center;"><tr><th>Month</th><th>Year</th></tr><tr><td> </td><td> </td></tr></table>	Month	Year		
Month	Year																									
Name of Card Holder _____	Telephone No. _____																									
Signature of Card Holder X _____	Date _____ (dd-mm-yyyy)																									
Payment Receipts can be requested by calling our Customer Contact Centre at 1.877.682.8772 only after the payment has been processed.																										