



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Tel: 1-833-937-8772
 Email: fuelsinspection@tssa.org
 www.tssa.org

APPLICATION FOR FUELS INSPECTION REQUEST FORM
*Technical Standards and Safety Act
 Fuels*

R-0222-V1

PLEASE COMPLETE THIS REQUEST FORM → FIELDS INDICATED WITH * ARE MANDATORY

*If you have any questions or need to make any changes to your inspection.
 Please contact us at fuelsinspection@tssa.org or call us at 1-833-937-8772.*

<p>*WORK ORDER NUMBER</p> <p>*TYPE OF INSPECTION <i>Please refer to approval/confirmation letter</i></p>	
<p>*PREFERRED INSPECTION DATE & TIME <i>Please provide ALL preferred Dates & Times</i></p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
<p>*CUSTOMER NAME <i>Please provide your TSSA Account Number (if known)</i></p>	<p align="center"><i>Legal Operating Name</i></p> <p>TSSA ACCOUNT:</p>
<p>*PRIMARY BUSINESS ADDRESS <i>Must be a Civic Address - Not a PO BOX</i></p>	<p>STREET:</p> <p>CITY:</p> <p>POSTAL CODE:</p>
<p>*BILLING ADDRESS <i>Must include a Civic Address when using a PO BOX</i></p>	<p>STREET:</p> <p>CITY:</p> <p>POSTAL CODE: SAME AS PRIMARY</p>
<p>*INSPECTION SITE ADDRESS <i>Must be a Civic Address - Not a PO BOX</i></p>	<p>STREET:</p> <p>CITY: SAME AS PRIMARY</p> <p>POSTAL CODE: PRIMARY</p>
<p>*INSPECTION SITE CONTACT <i>(Who will meet the inspector)</i></p>	<p>NAME:</p> <p>PHONE:</p> <p>EMAIL:</p>

Please E-mail the completed form to: fuelsinspection@tssa.org