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

Application for an Ontario Licence to Operate a Propane Cylinder Handling Facility or Cylinder Exchange

Technical Standards and Safety Act

Propane Storage and Handling Regulation

Clear Form

Print Form

Please submit completed application and supporting documentation by mail, fax, or e-mail (in pdf format).

For Office Use Only

Check applicable box(es) ☐ New ☐ Change Licence Holder ☐ **Cylinder Handling Facility - $110.00**

Valid municipal approval letter issued by the local municipal planning department. Invite letter to the fire department (inviting them on to the site). Mail payment along with this completed application, municipal letter, and proof of invitation to the fire department.

Check applicable box(es) ☐ New ☐ Change Licence Holder ☐ **Cylinder Exchange - $110.00**

Valid municipal approval letter:
a) issued by the local municipal planning department,
b) issued within the past 6 months and reference the facility owner,
c) clearly states approval for the propane facility at the designation location site.
Mail payment along with this completed application and a municipal letter.

Was this facility previously licensed under the Act? ☐ Yes ☐ No

If 'yes', provide name of previous owner | Licence Number

A. LICENCE HOLDER INFORMATION

Person or 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:		Signature of Contact Person:	Please Print & Sign before returning to TSSA

B. FACILITY LOCATION

Same as: ☐ A

(Note this must be a delivery or fire route address.)

Person or Company Name:			
Street Name / 911 Number/Address, if applicable:			
Unit/Suite:			
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

(Person or Company we should communicate with regarding engineering and inspection approval on behalf of the owner.)

Person or 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:			

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: ☐ A

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

Person or 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: Please Print & Sign before returning to TSSA		

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 non-refundable licence fee ONLY as per Fuels Fee Schedule. Fees for engineering and inspection services will be invoiced separately.)
HST Registration No.: 891131369

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

☐ Charge my credit card: ☐ VISA ☐ MASTERCARD

Card No. | | | | | | | | | | | | | | | |

Expiry Date: Month ____ Year ____

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

Signature of Card Holder **X** Please Print & Sign before returning to TSSA 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.

**Information provided in this application is releasable under the Freedom of Information and Privacy Protection Act and may be disclosed upon request.*