



**Technical Standards and Safety Authority**  
www.tssa.org

345 Carlingview Drive  
Toronto, Ontario M9W 6N9  
Tel: 416.734.3300  
Fax: 416.231.4078  
Customer Service: 1.877.682.8772

**Application for Renewal of  
Level 2 Propane Licence  
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  
under the *Technical Standards and Safety Act*.**

Licence Number

**For Office Use Only**

NOTE: If there have been changes to your facility as outlined in Part 5 of the Fuels Safety Advisory FS-188-11, please submit a full Risk and Safety Management Plan (RSMP), otherwise complete sections A or B below, as applicable, and then proceed to complete pages 2 and 3 of this package.

**DECLARATIONS**

**SECTION A: To be completed by a person authorized to bind the corporation/licensee if there are no changes or changes only to telephone numbers, contact names or addresses (not including the facility location).**

I hereby declare that I have completed my annual review and the RSMP has not changed since it was last accepted by TSSA. Print Name \_\_\_\_\_ Signature \_\_\_\_\_

**OR**

I hereby declare that I have completed my annual review and the RSMP has not changed other than telephone numbers, contact names or addresses (not including facility location). Please attach copies of the updated RSMP pages with this renewal application. \_\_\_\_\_

**SECTION B: To be completed by a professional engineer if there are any changes involving the four elements below.**

I hereby declare that there have been changes to the RSMP since it was last accepted by TSSA and the following applies:

	Check appropriate boxes.
<b>1. Hazard Analysis</b>	
a) These changes would not affect the hazard analysis as per O. Reg. 211/01 3.1 (0.2) (1) 1; or	<input type="checkbox"/>
b) These changes do affect the hazard analysis as per O. Reg. 211/01 3.1 (0.2) (1) 1 and we have enclosed those changes.	<input type="checkbox"/>
<b>2. Risk Assessment</b>	
a) These changes would not affect the risk assessment as per O. Reg. 211/01 3.1 (0.2) (1) 2; or	<input type="checkbox"/>
b) These changes do affect the risk assessment as per O. Reg. 211/01 3.1 (0.2) (1) 2 and we have enclosed those changes.	<input type="checkbox"/>
<b>3. Risk Mitigation</b>	
a) These changes would not affect the risk mitigation as per O. Reg. 211/01 3.1 (0.2) (1) 3; or	<input type="checkbox"/>
b) These changes do affect the risk mitigation as per O. Reg. 211/01 3.1 (0.2) (1) 3 and we have enclosed those changes.	<input type="checkbox"/>
<b>4. Emergency Response and Preparedness Plan</b>	
a) These changes would not affect the Emergency Response and Preparedness Plan as per O. Reg. 211/01 3.1 (0.2) (1) 4; or	<input type="checkbox"/>
b) These changes do affect the Emergency Response and Preparedness Plan as per O. Reg. 211/01 3.1 (0.2) (1) 4 and we have enclosed those changes.	<input type="checkbox"/>

Print Name of Reviewing P. Eng. \_\_\_\_\_ Signature \_\_\_\_\_

- I hereby declare:
- that I have provided an updated plan (i.e. this renewal package) to the Fire Services responsible for the area.
  - that the annual emergency management procedures training as per O.Reg 211/01 (Sec 5 (3)) has taken place for facility key contact, staff and certificate holders/persons with Record of Training (ROT).
  - that the facility carries commercial general liability insurance as required by O. Reg. 197/14 and I have provided an original Certificate of Insurance in an approved format as evidence thereof.

**You are required by law to notify TSSA of any change of information contained in the Risk and Safety Management Plan within 15 days.**

**Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.**

Print Name	Signature	Date (dd-mmm-yyyy)
Name of person authorized to bind the corporation/licensee _____		



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**GENERAL INFORMATION**

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

Company Name \_\_\_\_\_ Corporation No. \_\_\_\_\_

Operator Name (if different from above) \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail \_\_\_\_\_

Street No. \_\_\_\_\_ Street Name / 911 Number / Address, if applicable \_\_\_\_\_ Nearest Major Intersection \_\_\_\_\_

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

**Mailing address** (if different from above)

Street No. \_\_\_\_\_ Street Name / 911 Number / Address, if applicable \_\_\_\_\_

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

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

**Location of facility** (if different from above)

Street No. \_\_\_\_\_ Street Name / 911 Number / Address, if applicable \_\_\_\_\_ Nearest Major Intersection \_\_\_\_\_

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

**Supplier**

Street No. \_\_\_\_\_ Street Name / 911 Number / Address, if applicable \_\_\_\_\_

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

**Facility Contact Personnel - Key Contact**

Name \_\_\_\_\_ Official Title \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail \_\_\_\_\_

Role and responsibilities in emergency. \_\_\_\_\_

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Print name of person completing this form.		Official Title
Signature	Telephone No.	Date (dd-mmm-yyyy)



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**CAPACITY INFORMATION**

**A. Fixed Tanks**

PSIG	Serial Number	Capacity
Tank 1: _____	_____	_____
Tank 2: _____	_____	_____
Tank 3: _____	_____	_____
<b>Total Fixed Capacity:</b>		_____

**B. Portable Storage**

Cylinder Size	Capacity in USWG	Quantity	Total Capacity in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>		Line A	

**Tanks Stored On-site Not Connected for Use**

Tank Size In USWG	Quantity	Total Capacity in USWG
<b>Total Tank Capacity</b>		Line B

**Total Portable Capacity. Line A plus Line B:** \_\_\_\_\_

**C. Mobile Tanks**

Type	Tank Size In USWG	Quantity	Total Capacity in USWG
Tankers			
Cargo Liners			
Rail Tank Cars			
<b>Total Mobile Tank Capacity</b>			

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<b>Off-site Cylinder and/or Mobile Storage</b>		Capacity stored off-site, in USWG	For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable			
Town / City or Township / Country			Province	Postal Code
Telephone No.	Fax No.	Contact Name		

Note: Customer storage is not considered off-site storage.

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