



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario, M9W 6N9
 Tel: 416.734.3300
 Fax No: 416.234.9169
 Customer Service: 1.877.682.8772
 Email : intake@tssa.org
 www.tssa.org

Application for Registration of a Plant

Technical Standards and Safety Act
 Operating Engineers Regulation

The undersigned user of the indicated plant hereby applies for:	Registration	Re-Registration	Alternate
Select the Type of Plant Registration	No Alternate Rules	Alternate Rules Path 1	Alternate Rules Path 2

Please refer to OE Plant Registration Fee Details on Page 2 of the application form:

Owner/Licensee Information:		Plant User Name Type	Person	Business
Plant User Name:		Corporation/Business Identification No: (if plant user is Business)		
<i>Please provide Primary address in the fields provided below</i>				
Street No:	Street Name:		Unit/Suite:	
City/Town:	Province:	Postal Code:	Email:	
Primary Phone:	Mobile	Business	Home	Fax No:
Primary Contact Information				
Name of Contact:			Email:	
Primary Phone:	Mobile	Business	Home	Fax No:
<i>If your mailing address is different from your primary address, please complete this section</i>				
Street No:	Street Name:		Unit/Suite:	
City/Town:	Province:	Postal Code:	Email:	
Invoicing Option: Mail Email				

Plant Information				
<i>Please provide complete Plant location in the fields provided below</i>				
Street No:	Street Name:		Unit/Suite:	
City/Town:	Province:	Postal/Zip Code:	Email:	
Bus. Telephone No:		Fax No:		
Plant Known As:		Plant Type Classification:		
Plant Registration Number:		Plant Function:		
Guarded Control: Yes No		Guarded Control Tested Date:		
Additional Pre-Requisites				
Please attach Plant Equipment List (Link for Plant Equipment List)				
Please attach Risk Safety Mgt Plan (required for Path 2)				

You are required by law to notify TSSA of any change of information. The information is collected under the authority of Ontario's Technical Standards and Safety Act.

Declaration: I have read the Act under which I am applying for Plant Registration and understand my duties and obligations, as they apply to me and my employees. I certify that the information I have provided in this application is true.

Applicant Name:	Applicant's Title:
Applicant's Signature	Date :



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Please provide Plant User Name (must match page 1): _____

PLEASE COMPLETE FOR PAYMENTS:

All Fee Payable to the Technical Standards and Safety Authority. Please note fees are non-refundable and payment can be made by cheque, credit card – Visa/Master, EFT or wire transfer. For fees, please refer to the Fee Schedule.

OE Plant Registration Fee Details	Fee	HST	Total
Plant Registration	\$ 147	\$ -	\$ 147
Path 1 - Initial ¹	\$ 1,500	\$ 195	\$ 1,695
Path 1 - changes to previously submitted application ²	\$ 750	\$ 98	\$ 848
Path 2 - RSMP review - Initial ³	\$ 5,370	\$ 698	\$ 6,068
Path 2 - RSMP review - changes to previously submitted RSMP ⁴	\$ 2,685	\$ 349	\$ 3,034
Hourly labour rate - other reviews, inspections or audits	\$ 179	\$ 23	\$ 202
¹ The minimum fee covers first 8.5 hours of review and travel time. Actual hours in excess of minimum amounts will be billed in ¼ hour increments at the hourly labour rate. If actual hours incurred are below the minimum amounts, a refund will be issued.			
² The minimum fee covers first 4 hours of review and travel time. Actual hours in excess of minimum amounts will be billed in ¼ hour increments at the hourly labour rate. If actual hours incurred are below the minimum amounts, a refund will be issued.			
³ The minimum fee covers first 30 hours of review and travel time. Actual hours in excess of minimum amounts will be billed in ¼ hour increments at the hourly labour rate. If actual hours incurred are below the minimum amounts, a refund will be issued.			
⁴ The minimum fee covers first 15 hours of review and travel time. Actual hours in excess of minimum amounts will be billed in ¼ hour increments at the hourly labour rate. If actual hours incurred are below the minimum amounts, a refund will be issued.			



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COMPLETE FOR PAYMENTS

I agree to pay Technical Standards and Safety Authority
 CAD \$ on my credit card for fees
 related to the application.

Name of the Card Holder

Signature of the Card Holder

Please indicate the type of credit card

VISA MASTERCARD

Credit Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry date on the card ▶

Month	Year
<input type="text"/>	<input type="text"/>

Date ▶

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>