

Application for Release of Public Information Issued under the Access and Privacy Code

| For | Offic | e Us | e On | ly |
|-----|-------|------|------|----|
| | | | | |

WO No.

A. REQUESTOR INFORMATION

www.tssa.org

| Your File/Referen | ice No: | *Date: | | |
|----------------------|-----------------------------------|--|-------------------------|-----------|
| *Organization Name: | | | Account Number: | |
| *Suite/Unit No: | *Street No: | *Street Name: | | |
| *City: | ! | *Province: | *Postal Code: | |
| *Primary Phone: | | Secondary Phone: | | |
| Email: | | 1 | Fax No: | |
| *Requestor Name: | | *Requestor En | nail: | |
| *Requestor Phone: | | | | |
| B. REQUEST | | | | |
| *PROGRAM(S) TO | SEARCH (Please ch | eck all that apply): | | |
| [] BOILERS & PI | RESSURE VESSELS, | OE PLANT [] ELEV | ATING/AMUSEMENT DEVICES | [] FUELS |
| *SUBJECT ADDRE | SS TO BE SEARCHED | One Address Per Form): | | |
| *Suite/Unit No: | *Street/Lot No: | *Street/Concession Name: | | |
| *City: | | *Province: | *Postal Code: | |
| REASON FOR REQ | UEST (Please explain th | ne reason for your request): | • | |
| | | | | |
| | | | | |
| DETAILS OF REQU | JEST (Please list the info | rmation you require): | | |
| | | | | |
| | | | | |
| | | | | |
| C. TERMS AND CO | ONDITIONS: | | | |
| | | acy Code Access and Privacy Code.pdf formation, TSSA will require consent | | |
| *Requestor Signature | · | Tormation, 133A will require consent | *Date: | |

D. FEES & PAYMENT

Expedited (Rush) Service is not available for Public Information requests

If you need assistance in determining the quantity and service type, please contact us at: **publicinformationservices@tssa.org** before completing this form. TSSA will provide a fee quote for multiple record requests, which must be approved by the Applicant before a record search commences. For fees for single searches, please see below or refer to our Website Fee Schedule.pdf

| Program | Request | FEE TYPE | FEE | HST | # OF TYPE | Total |
|--------------------------------------|---|---------------|--------|-------|-----------|-------|
| BPV/OE | Confirmation of BPV/OE | per Address | 50.00 | 6.50 | 1 | |
| Boilers | Includes all available inspections/incidents | | | | | |
| Pressure Vessels | You will receive No-Record letter if applicable | | | | | |
| | Copy of CRN Design Submission | per CRN # | 50.00 | 6.50 | | |
| | *Authorization from Design Owner Mandatory | | | | | |
| | CRN #'s: | | | | | |
| | Piping Registration Documents | per P # | 50.00 | 6.50 | | |
| 1 | *Authorization from Building Owner Mandatory | | | | | |
| | P #'s: | | | | | |
| | MDR/U1A Request | per Device | 50.00 | 6.50 | | |
| 1 | *Ontario Identification Number Mandatory | | | | | |
| | OIN: | | | | | |
| ED/AD | Copy of latest Inspection Report | per Device | 40.00 | 5.20 | | |
| Elevating Devices Amusement Devices | | | | | | |
| Amusement bevices | ED/AD Design/Technical Dossier Submission Documents | per Device | 80.00 | 10.40 | | |
| | *Authorization from Building Owner Mandatory | | | | | |
| | ED/AD Device #'s: | | | | | |
| | ED/AD Incident Report | per Device | 80.00 | 10.40 | | |
| Ī | ED/AD Device #: | | | | | |
| | Date of Incident: | | | | | |
| | Victim Name (If applicable): | | | | | |
| _ | ED/AD Devices status report (6 devices per report) | Per Report | 70.00 | 9.10 | | |
| | ED/AD Device #'s: | | | | | |
| | | | | | | |
| | | | | | | |
| FS | Archive Search | per Address | 50.00 | 6.50 | 1 | |
| Fuels Safety | This includes all available inspections/incidents | | | | | |
| | You will receive No-Record letter if applicable | | | | | |
| | Incident Request: | | | | | |
| | Date of Incident: | | | | | |
| | Victim Name (If applicable): | | | | | |
| OTHER | Mutiple Records Request *(Non-Refundable Fee to Review) | each | 120.00 | 15.60 | 1 | |
| | Written/Hard Copy Confirmation of | each | 50.00 | 6.50 | 1 | |
| | Licensing, Certification, Registration | | | | | |
| (HST REGISTRATIO | N NO: 891131369 To | tal Fees Due: | | | | |
| | | • | 1 | | | |

If paying by credit card, amount in Box 1 to be entered in TSSA Service Prepayment Portal

Authorization Requirements (if required):

- Official letter on company letter head
- •Signature, title & full name of individual authorizing release
- •Telephone number & email address of individual authorizing release

*Multiple Records are charged by applicable hourly rate. One hour to be paid with the application, and the remaining hours will be invoiced.

FORM #: PI-095-v2



PAYMENT INSTRUCTIONS

| TSSA use only | L# | CH# | |
|---------------|----|-----|--|
| WO# | | | |

Payment Options:

Credit Card - Click link below

TSSA Service Prepayment Portal

https://forms.tssa.org/Payments/Service-Prepayment-Portal