

Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300

Fax: 416.231.4078

Customer Service: 1.877.682.8772 E-mail: fssubmissions@tssa.org www.tssa.org

Application for a Variance/Deviation (Except for Non Certified Plastic Venting)

Technical Standards and Safety Act

Fuels Safety Regulations

Please submit completed application and supporting	ng documentation by mail	, fax, or email (in pdf fo	ormat).	For Office Use Only
Ohaali aggilaakla kasylaa)				
Check applicable box(es) Bio-Gas Ga	soline Pro	opane		
		her		
	tural Gas			
Code:	Clause:			
Is this a field development project? Yes No				
Equipment/Appliance/Component involved.				
Make	Model		Serial No.	
December year and proposed method of agricular	unt aafati (auhmit aanarat	a latter if required)		
Reason for request and proposed method of equivale	ent safety (submit separati	e letter if required).		
A. OWNER OF APPLIANCE, EQUIPMENT OR INST	TALLATION			
Company Name:		Corpor	ation No.:	
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:				
B. LOCATION ADDRESS Same a (Where appliance/equipment is to be installed/insp		a delivery or fire route	address)	
Company Name:		,	,	
Street Name / 911 Number/Address, if applicable:				
Unit/Suite:				
City/Town:		Province:		Postal Code:
Telephone No.:	Fax No.:	Ce	ell No.:	
Email:		I		
Print Name of Contact Person:				
C. TECHNICAL CONTACT Same as				
C. TECHNICAL CONTACT Same as (Company we should communicate with regarding		on approval on behalf	of the owner.)	
Company Name:				
Street Name / 911 Number/Address, if applicable:				
Unit/Suite:	PO Box:			
City/Town:		Province:		Postal Code:
Telephone No.:	Fax No.:	Ce	ell No.:	
Email:				
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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Locati	on Address:									
	<u> </u>									
D. INV	OICEE npany responsible for fees invoiced for appro-	val including engineering and	d inspection fe	es.)						
Compa	ny Name:									
Street Name / 911 Number/Address, if applicable:										
Unit/Su	ite:	PO Box:								
City/To	City/Town: Prov			ovince: Postal Code:						
Telepho	one No.:	Fax No.:				Cell	No.:			
E-mail:										
Print Na	ame of Contact Person:		Signature	Signature of Contact Person:						
FEES (HST Registration No: 891131369) Fee Fee (Including Total Select Service Type Fee HST HST) Fees Due										
Select Service		Type Flat*	5	Fee 1,316.5	n c	171.15	5	HST) 1,487.65	Fees Due	
Variance (Except Non Certified Plastic Venting) Expedited Services**		Tiut	Ť	1,510.5	7	1/1.13	Ť	1,407.03		
	Expedited Engineering Services (Additional charge to engineering review per site application)		Flat	\$	560.0	0 \$	72.80	\$	632.80	
	Expedited Inspection Service (invoiced separates)	rately at 2 x standard								
	Tates)									
		To	otal Fees Due							
					1					
If paying by credit card, amount in Box 1 to be entered in TSSA Service Prepayment Portal										
All required fees must be prepaid for application to be processed. Fees are non-refundable.										

Note: The fees relating to the application for a Variance is in addition to any other required fees

*Flat fees relating to engineering services or initial inspection may be subject to additional billing if engineering submissions are inadequate or require excessive engineering review/initial inspection time. Additional billing, if any, will be billed in 1/4 hour increments at the applicable hourly labour rate based on TSSA's posted fee schedule. All labour rates are per inspector or engineer.

For payment options, see Payment Instructions

**Expedited Services

Expedited service fees are non-refundable

Expedited services places your application in an expedited service line.

Expedited inspection services (inspection & travel time included in the flat fee, plus any excess hours) will be billed at 2 x the standard inspection rate.



PAYMENT INSTRUCTIONS

TSSA use only	L #	CH#	
WO#			

If paying by cheque, bank draft, money order, this form must accompany all applications submitted to TSSA. A separate payment form is required for each application. Please refer to our fee schedule posted on our website www.tssa.org. HST Registration No: 891131369.

Payment Options:

Credit Card - Click link below

TSSA Service Prepayment Portal

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

Cheque, Bank Draft or Money Order (payable to Technical Standards and Safety Authority)

Name of Applicant/Organization:
Telephone No:
Email Address:

Cheque/Bank Draft/Money Order #:_______

Mail payment along with a copy of your application to:

Attention: Accounts Receivable Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9

If a copy of the application is not submitted with your payment, this will delay the processing of the application.

Dishonored Payments: A \$35 administration fee will apply for each returned item