Tecl 345 Torc TSSA Tel: Fax: Cus

Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300 Fax: 416.234.9169

Fax: 416.234.9169 Customer Service: 1.877.682.8772 Email: customermanagement@tssa.org

Application for an Ontario Licence to Operate Propane Cylinder Exchange - New

Technical Standards and Safety ActPropane Storage and Handling Regulation

www.tssa.org				
Please submit completed application and sup	porting documentation by mail, fa	. For Office Use Only	For Office Use Only	
Check applicable box(es) New		er Exchange	—	
		-		
MUST SUBMIT:				
Valid municipal approval letter: a) issued by the local municipal planning departme	nt			
b) issued within the past 6 months and reference th				
c) clearly states approval for the propane facility at	the designation location site.			
Failure to submit the municipal approval letter will r	esult in a delay in processing the a	pplication.		
Was this facility previously licensed under the A	Act? Yes No		Licence Number	Licence Number
If 'yes', provide name of previous owner			Licence Number	Licence Number
A. LICENCE HOLDER INFORMATION				
Person or Company Name:				
Corporation Number/Business Identification Nu	mber:			
Street Name / 911 Number/Address, if applicab	ole:			
Unit/Suite:	PO Box:			
City/Town:		Province:	Postal Code:	Postal Code:
Telephone No.:	Fax No.:	Cell No.:	Email:	Email:
Print Name of Contact Person:		Signature of Contact I	'erson:	
B. FACILITY LOCATION Sa (Note this must be a delivery or fire route ad	nme as: Address.)			
Person or Company Name:				
Street Name / 911 Number/Address, if applicab	ole:			
Unit/Suite:				
City/Town:		Province:	Postal Code:	Postal Code:
Telephone No.:	Fax No.:		Cell No.:).:
E-mail:				
Print Name of Contact Person:				
C. TECHNICAL CONTACT Sa (Person or Company we should communica	ame as: A B D Ite with regarding engineering and	d inspection approval on be	ehalf of the owner.)	ne owner.)
Person or Company Name:		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	· ·
Street Name / 911 Number/Address, if applicab	ole:			
Unit/Suite:	PO Box:			
City/Town:		Province:	Postal Code:	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 A	Address:						
D. INVOIC	Same as or Company responsible for fees invoiced		g and inspection fee	s.)			
Person or 0	Company Name:						
Street Nam	ne / 911 Number/Address, if applicable:						
Unit/Suite:	РО Вох:						
City/Town:		Province:			Postal Code:		
Telephone	No.:	Fax No.:		Cell No.:			
E-mail:							
Print Name	of Contact Person:	Się	gnature of Contact F	Person:			
Select	Sen	FEES (HST Registration No:	Fee Type	e	ense 165	Total Fees Due	
			•	•			
	Total Fees Due						
	If paying by credit card, an	nount in Box 2 to be e	entered in TS	SA Servic	2 e Prepa	yment Portal	
All required fees must be prepaid for application to be processed.							
Fees are non-refundable.							

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.

For payment options, see Payment Instructions



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