# How to Submit "Boilers & Pressure Vessels Design Registration" application



This guide provides step-by-step instructions on how to submit an application for "Boilers & Pressure Vessels Design Registration" in TSSA Client Portal



### New Customers

- Create an Individual account if you are applying for:
- A personal certificate
- For all other requests create an Organization account
- We require the company's legal entity details, i.e., corporation number or business identification number.

#### Third Party Property Management Companies

Link to your own TSSA account prior to linking to the owner/operator you wish to transact on behalf of, i.e. pay an invoice, submit an application request,

If you do not have an account with TSSA:

- Please create a Third-Party Property Manager account first,
- Then proceed to linking to the owner/operator you wish to transact on behalf of.
- The [Consent to Grant Third Party Access] form will need to be completed.

#### **Existing Customers**

- Link to your TSSA account with,
- Invoice or inspection report or
- Valid authorization (licence/certificate/registration, etc.) or
- Account Access Key

#### Third Party Submitters

Link to your own TSSA account prior to linking to the owner/operator you wish to transact on behalf of, i.e. submit an application request,

If you do not have an account with TSSA:

- Please create a Third-Party Submitter type account first,
- Then proceed to linking to the owner/operator you wish to submit an application request for.
- The [Consent to Grant Third Party Access] form will need to be completed

2 Click the **"BPV Design Registration"** link under **"Online Applications"**.

Accounts Applications	Invoices	
Accounts > Applications		
Online Applications		
Boilers & Pressure Vessels Design Registration	1 <b>(</b> )	Fuels Safety Registration in Ontario as a Contractor 🕧
Boilers & Pressure Vessels Inspection ()		Ontario License to Transport Fuel
Boilers & Pressure Vessels Variance		Public Information Request
Change Of Ownership 🌘		Renew Amusement Device Permit
Examination Booking ()		
Please click here to access all other applications My Pending Applications		
Following Applications are in progress, either pe	ending documents upload and/or Fees payment.	
Application Number	Application Name	Initiated on
AP00001543	BPV Design Registration for a CRN - Conventional	January 08, 2024

Select a **TSSA Customer Account** from the dropdown list. Read the instructions.

### Click "Next" to move to the "CRM Submission Details" tab.

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BPV Design Registration for a CRN - Conventional	
Instructions CRN Submission Details Billing Customer Review Documents Fees	
IMPORTANT: Before proceeding be sure to link to all of your client accounts in this portal.	
1. Nuclear CRN applications cannot be submitted via this portal and must be submitted as per the existing process and emailed to <u>bpv_registrations@tssa.org</u>	
2. National Service and TCRN applications cannot be submitted via this portal and must be submitted using the existing process and our Service Prepayment Portal.	
<ol> <li>For Weiding/Brazing Procedures, please submit a separate application for each Procedure Qualification Record</li> <li>Confirmations and other correspondence from TSSA will only be sent to the submitter of the application – the submitter is responsible</li> </ol>	
for communicating with their client (owner of design/CRN).	
declaration, ISO-certificate, etc. For piping systems, select the owner of the site/location.	
TSSA Customer Account*	
(Please select the account from list below. If account is not displayed, proceed to Create Account or	
Link Existing Account if account exists but is not visible below)	
Select Account	
Select Account	
Google O/A Google corp - 003019136	
LINDE CANADA INC - 1001341	
Niyah's Management Inc - 003019115	

2

### 4 Select "Yes" or "No" to answer the question: "Are you the CRN Owner?"

Accounts Applications Invoices			BPV Owner	BPV Insurer
Application Submissions > Submit A New Application > Application For CRN				
/ Design Registration for a CRN - Conventional				
Structions CRN Submission Details Review Documents Fees				
Any you the CRN Owner ?*		TSSA Submitter Account Number*		
Yes O No		Select Account		~
Additional Correspondence Email(s) Design Type*Select	~	Service Priority*		~
CRN Purpose				
New CRN Registration	~			
Job Reference Number*		Drawing/Design Number		
Bill to Customer Account" (What is the TSSA Customer Account Number for the company who will receive a for invoice?)	and pay	Purchase Order Number (PO)		
Cancel	В	ack Next		

**5** Select **"Yes"** if you are submitting the application on your own.

Your account name will appear under "TSSA Submitter Account Number".

uctions CRN Submission Details Review Documents	Fees			
Are you the CRN Owner ?"		TSSA Submitter Account Number* David Smith		
Are you the Point the Contact for this submission ? $\bigcirc \mbox{ Yes }  \textcircled{\begin{tabular}{ll} \begin{tabular}{ll} eq: Second Se$				
First Name*	Last Name*		Email Address*	
Enter First Name	Enter Last Name		Enter email	
Additional Correspondence Email(s)				
Design Type*		Service Priority*		
Select	~	Select		
CRN Purpose				
New CRN Registration	~			
Job Reference Number*		Drawing/Design Number		
Rill to Customor Associate" (Mihat is the TSSA Customor Associat Mumbau	for the company who will receive and pay	Purchase Order Number (PO)		

Select **"No"** if you are submitting on behalf of someone.

Select the "TSSA Submitter Account Number" from the dropdown list. <u>Customer Portal</u> > <u>Applications</u> > BPV Design Registration BPV Design Registration for a CRN - Conventional CRN Submission Details Billing Customer Review Documents Fees Instructions Are you the CRN Owner ?\* SA Submitter Account Number\* O Yes No Select Account  $\sim$ Select Account Adam Shelby - 003019149 CANADA'S WONDERLAND COMPANY - 35165 Are you the Point of Contact for this submission ? COSTCO WHOLESALE CANADA LTD. - 47274 ○ Yes ○ No Google O/A Google corp - 003019136 IBM O/A IBM LTD - 003019135 LINDE CANADA INC - 1001341 Additional Correspondence Email(s) Niyah's Management Inc - 003019115 Ray Shelby - 003019150 MCDOUGALL ENERGY INC. - 32360 OCSCC 809 - 362623 Design Type\* --Select--V SUNCOR ENERGY PRODUCTS PARTNERSHIP - 378715 **CRN** Purpose TORONTO MARRIOTT EATON CENTRE - 176348 TORONTO STANDARD CONDO CORP 2594 - 531347 New CRN Registration  $\sim$ Trevor Inc - 003019151 Job Reference Number\* Drawing/Design Number

# Select **"Yes"** or **"No"** to answer the question: **"Are you the Point of Contact for this submission?"**

Select "Yes" if you are the Point of Contact for this submission.

Atteryou the Point of C Yes No Additional Correspon Design Type* Select	iontact for this submission ?	Service Priority*Select	~
CRN Purpose New CRN Registratio Job Reference Number*	n	Cancel Back Next	
Learn Training Documents Training Videos	Company Company News	<b>Need Help?</b> Anywhere you see an information icon (1), please click it for more details. If experiencing technical difficulties, please contact TSSA's Customer Contact Centre	TSSA

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7

8 Select **"No"** if you are not the Point of Contact for this submission.

Enter the following Point of Contact details:

- First Name
- Last Name
- Email Address

Enter First Name	Enter Last Nar	ne	Enter email	
1			Enter email	
Additional Correspondence	Email(s)			
Design Type*		Service Priority*		
Select		✓Select		~
Job Reference Number*		Drawing/Design Num	iber	
	Cancel	Back Next		

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Tip! Mandatory fields are marked with an asterisk and need to be completed. Non-mandatory fields are optional. 9 Select one of the following "Design Type":

- Boiler
- Pressure Vessel
- Fitting
- Heat Exchanger
- Piping System
- Welding Procedure
- Brazing Procedure

First Name*	Last Name*	Em	ail Address*	
Ada	Shelby	a	dashelbytssa@gmail.com	
Additional Correspondence Email(s	adashelbytssa@gmail.com X			
Design Type*		Service Priority*		
Select	~	Select		$\sim$
Select				
Boiler				
Pressure Vessel Fitting				
Heat Exchanger				
Piping System		Drawing/Design Number		
Brazing Procedure				
	Cancel	Back Next		

**10** Select one of the following **"Service Priority"** options:

- Regular
- Expedited/ Rush (Additional fees apply)

		Select V
ı	~	Select Regular Expedited / Rush (Additional fees apply)
		Drawing/Design Number
	Cancel	Back Next
Company	Need	Help?
	Company	n ~ Cancel

### 11 Select one of the following "CRN Purpose":

- New CRN Registration
- Revision, Renewal & Addition

Additional Corre	spondence Email(s) adashelbyts	sa@gmail.com X	Service Priority*	
Boiler		~	Regular	~
New CRN Regist New CRN Regis Revision, Renev	ration stration val & Addition	~	Drawing/Design Number	
		Cancel E	Back Next	
Learn	Company	Concel E	Back Next	ch Star

# 12 If you select "CRN Purpose" as "Revision, Renewal & Addition", then select the "Existing CRN Number".

CRITERIPOSE				Existing CRN Number(A valia registerea design is requirea for renewo	,11)
Revision, Renewal	& Addition		~	Please select CRN	$\sim$
Job Reference Numbe	r*	Cancel	Back	SAN-95-1760 SAN-95-1766 L5019.5 N-4260.25 SAN-4260.25 SAN-1-4918 SAN9665 M5503.5R1 M5502.5R1	Û
				LS046.5 5AN-95-1761 5AN-1-4778 5AN-1-4950 5AN-1-4971 5AN-1-4970	
Documents Videos	Company Company News		Need Help? Anywhere you details. If experiencing TSSA's Custor Available Mon holidays). Toll-Free: 1-87	5AN-1-4995 5AN-1-4836 5AN-1-4844 5AN-1-4914 5AN-1-4957 mer Contact Centre. day to Friday from 8:00 a.m. to 5:00 p.m. (excluding 7-682-TSSA (8772)	S A

# 13 Enter the "Job Reference Number".

Additional Corresp Design Type*	oondence Email(s) adashelbytsso	@gmail.com X Service Priority*	
Boiler		✓ Regular	~
Job Reference Numb	tion er*	Cancel Back Next	
earn raining Documents raining Videos	Company Company News	<b>Need Help?</b> Anywhere you see an information icon <b>()</b> , please click it for mo details.	

## 14 Only For Design Type: Welding Procedure/ Brazing Procedure-

If you select **"Design Type: Welding Procedure/ Brazing Procedure",** enter the following additional information:

- PQR Number
- WPS/BPS Number

### Click the **"Next"** button.

Design Type*			Service Priority*	
Welding Procedu	re	~	Regular	~
CRN Purpose			Existing CRN Number(A valid registered design is required for	renewal)*
Revision, Renewa	I & Addition	~	Please select CRN	~
Job Reference Numb	per*		Drawing/Design Number	
55555				
PGR Number*			WPS/BPS Number*	
ran Number"			WPS/BPS Number*	
ran umber		Cancel E	WPS/BPS Number*	
rn	Company	Cancel E Need He	Back Next	

# **15** Only for **"Design Type: Piping System",** the **"Installation Details"** will appear.

Enter the details for **Installation**. Click the **"Next"** button.

TSSA	Profile Sign out
Accounts Applications Invoices	BPV Owner BPV Insurer
Application Submissions > Submit A New Application > Application For CRN	
PV Design Registration for a CRN - Conventional	
Instructions CRN Submission Details Installation Details Review Documents Fees	
Existing     Account Site Address*	
Please Select V	
O New	
Contact Details First Name*	Last Nome*
June	Lee
Phone Number	Email*
	Junelee@gmail.com
Installer Information Installer Company Name	QA Certificate Number
Paper Manu Ltd.	
Cancel B	ack Next

## **16** The **"Billing Customer"** tab will appear.

Select one of the following "Billing Customer":

- CRN Owner
- Submitter
- Third Part Customer
- Manufacturer
- Other Invoicee

<b>BPV Design Registration</b>	for a CRN - Conventional
--------------------------------	--------------------------

Instructions CRN Submission I	Details Billing Customer	Manufacturer Review Documents Fees	
Billing Information Select Billing Customer* Select- St CRN Owner Submitter Third Party Customer Manufacturer Other Invoicee	Can	cel Back Next	
earn Training Documents Training Videos	Company Company News	<b>Need Help?</b> Anywhere you see an information icon <b>1</b> , please click it for more details. If experiencing technical difficulties, please contact TSSA's Customer Contact Centre.	

### **17** Select the "Billing to Account Address".

Billing Information Select Billing Customer*					
CRN Owner		~			
Billing Account Number *①					Purchase Order Number (if applicable)
1001341					
Bill To - LINDE CANADA Bill To - LINDE CANADA	INC - 5015 Spectrum Way, Sui INC - 750 BARMAC DR, TORO	ite 500, Mississauga NTO, ON, M9L 2X8,	ı, ON, L4W 08 Canada	E4, Canada	
Bill To - LINDE CANADA	INC - 165 BISCAYNE CRES, BRA	AMPTON, ON, L6W	4R3, Canado		
		ancel B	lack	Next	

#### 18 Select the "Shipping to Account Address". Select billing custorner CRN Owner $\sim$ Billing Account Number 🕕 Purchase Order Number (if applicable) 1001341 Billing To Account Address\* Bill To - LINDE CANADA INC - 5015 Spectrum Way, Suite 500, Mississauga, ON, L4W 0E4, Can... \* Shipping Information Ship to Submitter Account Address\* se Select----Please Select--Ship To - Correspondence - LINDE CANADA INC - 5015 Spectrum Way, Suite 500, Mississauga, ON, L4W 0E4, Canada Ship To - Correspondence - LINDE CANADA INC - 3840 53 AVE NW, EDMONTON, AB, T6B 3N7, Canada Ship To - Correspondence - LINDE CANADA INC - 750 BARMAC DR, TORONTO, ON, M9L 2X8, -Canada Learn Company Need Help? T S STATE Training Documents Company News Anywhere you see an information icon (), please click it for more details. Training Videos If experiencing technical difficulties, please contact

**19** Select the **"Next"** button to move to the **"Manufacturer"** tab.

CRN Owner     Billing Account Number (I)   1001341     Billing To Account Address*   Billing To Account Address*   Bill To - LINDE CANADA INC - 5015 Spectrum Way, Suite 500, Mississauga, ON, L4W 0E4, Can. *     Ship Io Submitter Account Address*     Ship To - Correspondence - LINDE CANADA INC - 5015 Spectrum Way, Suite 500, Mississauga. *     Cancel     Back	Select Billing Custo	mer*		
Billing Account Number   LO0341   Billing To Account Address*   Bill To - LINDE CANADA INC - 5015 Spectrum Way. Suite 500, Mississauga, ON, L4W 0E4, Can *   Shipping Information   Ship To - Correspondence - LINDE CANADA INC - 5015 Spectrum Way. Suite 500, Mississaug *     Cancel     Back	CRN Owner		$\checkmark$	
1001341 Billing To Account Address* Bill To - LINDE CANADA INC - 5015 Spectrum Way, Suite 500, Mississauga, ON, L4W 0E4, Can * Shipping Information Ship to Submitter Account Address* Ship To - Correspondence - LINDE CANADA INC - 5015 Spectrum Way, Suite 500, Mississaug * Cancel Back	Billing Account Nurr	nber *1	F	Purchase Order Number (if applicable)
Billing To Account Address* Bill To - LINDE CANADA INC - 5015 Spectrum Way, Suite 500, Mississauga, ON, L4W 0E4, Can * Shipping Information Ship to Submitter Account Address* Ship To - Correspondence - LINDE CANADA INC - 5015 Spectrum Way, Suite 500, Mississaug * Cancel Back	1001341			
Bill To - LINDE CANADA INC - 5015 Spectrum Way, Suite 500, Mississauga, ON, L4W 0E4, Can *         Shipping Information         Ship to Submitter Account Address*         Ship To - Correspondence - LINDE CANADA INC - 5015 Spectrum Way, Suite 500, Mississaug *         Cancel       Back	Billing To Account A	Address*		
Ship to Submitter Account Address* Ship To - Correspondence - LINDE CANADA INC - 5015 Spectrum Way. Suite 500, Mississaug * Cancel Back Next	Bill To - LINDE C	CANADA INC - 5015 Spectrum We	y, Suite 500, Mississauga, ON, L4W 0E4, Can 🔻	
	ormp to corre	spondence Enter Chither inte	- 5015 Spectrum way, Suite 500, Mississaug *	
	Learn	Company	Cancel Back Next	Junio Andrea

# 20 Enter the "Manufacturer Company Name".

	Profile
Accounts Applications Invoices	BPV Owner BPV Insu
Application Submissions > Submit A New Application > Application For CRN	
BPV Design Registration for a CRN - Conventional	
Instructions CRN Submission Details Manufacturer Review Documents Fees	
Apper Manu Ltd ] Manufacturer Company Name* Paper Manu Ltd ] Manufacturer Address Sourch and Select Address (Addresses can be searched and selected. You may also edit or directly enter the address) Street Number/Name* Country* Country Cou	Unt/Suite
City*	Postal/Zip Code*
Contact Details Contact Name*	Emal*

### 21 Enter the **Manufacturer's Address** in the **"Search and Select Address "**field. Search and select the address. The Mandatory address fields will be auto-populated.

Or

### Enter the following **Manufacturer's Address**:

- Street Number/ Name
- Unit/Suit
- Country
- Province/State
- City
- Postal/ Zip Code

		Profile
Accounts Applications Invoices	BPV Owner	BPV Insu
Application Submissions > Submit A New Application > Application For CRN		
BPV Design Registration for a CRN - Conventional		
Instructions CRN Submission Details Manufacturer Review Documents Fees		
Manufacturer Company Name* Paper Manu Ltd.  Manufacturer Address  Steet Address (Addresse can be searched and selected. You may also edit or directly enter the  Street Number/Name*  Country*	Unit/Suite Province/State*	
City"	Postol/Zip.Code*	
Contact Name'	Emal*	

### 22 Enter the following **Contact Details**:

- Contact Name
- Email

BPV Design Registration for a CRN - Conventional

structions	CRN Submission Details	Manufacturer Review	Documents	Fees	
Manufa	cturer Company Name*				
Paper	r Manu Ltd.				
Manufac Search a	turer Address and Select Address (Addresses a	can be searched and selected. Y	ou may also edit or	directly enter the	
654 B	loor St, Mississauga Ontario L	5A 3V9			
Street N	lumber/Name*				Unit/Suite
654 B	loor St				
Country	*				Province/State*
Cana	da				Ontario
City*					Postal/Zip Code*
Missis	ssauga				L5A 3V9
	Deteile				
Contact	Name*				Email*
Line I	22				lune lee@amail.com

# 23 Select the "Certification Type" from the dropdown. Select the "Certification Expiry Date". Click the "Next" button.

Country*	Province/State*
Canada	Ontario
City*	Postal/Zip Code*
Mississauga	L5A 3V9
ntact Details	
Contact Name*	Email*
June Lee	June.lee@gmail.com
Certification Type	ASME Expiry Date
None selected	•
Select all	
ASME	ISO Expiry Date
CSA B51 Appendix H	
□ N285.0	
	Cancel Back Next

<b>24</b> The <b>"Review"</b> tab will appear.		
Review the entered information:		
CRN Submission		
Manufacturer		
BPV Design Registration for a CRN - Conventional		
Instructions CRN Submission Details Manufacturer Review Documents Fees		
CRN Submission Details	Design Type Boller	Service Priority Regular
	CRN Purpose New CRN Registration	
	Job Reference Number JOB1234	Drawing/Design No DWG1234
	Bill to Customer Account 47274	Purchase Order Number PO1234
Manufacturer	Company Name Paper Manu Ltd.	Address 658 Bloor St Canada Ontario Mississauga LSA 3V9
	Contact Name June Lee	Contact Email June.lee@gmail.com
	Certification Type CSA B51 Appendix H	ASME Expiry Date
	/CA BEI Annandiu II Evanu Pata	ICO Evoio: Dato

A check mark will be placed beside "Please refer to the link for our Access and Privacy code. If this request includes a release of personal information, TSSA will require consent from the effected party".

	June Lee	June.lee@gmail.com	
	Certification Type ASME	ASME Expiry Date 26-01-2024	
	CSA B51 Appendix H Expiry Date	ISO Expiry Date	
	N285.0 Expiry Date		
Please refer to the link fer our Access and Privacy code	. If this request includes a release of personal information, TSSA v	ill require consent from the effected party	
Click on link to review the terms			
Pagree to terms of the second in Decidation (Click on link to reveal, the terms) Please enter your full name to sign electronically" January 08, 2024			
Pagee to terms of the spectral function           (Click on link to reveal the terms)           Please enter your full name to sign electronically*	tact you to confirm your submission.		
Capter to terms of the approximation of the condition of	tact you to confirm your submission.	se review and confirm all details.	
Clack on link to reveal the dependent in a constraint of the dependent o	tact you to confirm your submission. plication cannot be edited after you proceed to Next stage. Plec Cancel Back f	se review and confirm all details.	

Click on the **"Terms of the Application Declaration"**. The Terms of the Application will appear.

## **26** Read the terms of the application. Click the **"Accept"** button.

	Is the proposed variance for installed equipment insured under a boiler and machinery policy?
	I hereby acknowledge and agree to the following:
	As the applicant submitting, I certify that the information I have provided on this application is true and correct. I understand that making a false statement may result in the revocation of the authorization and failure to provide the required information will result in delayed processing and/or approval of the requested service.
	I hereby declare that as the owner/licensee of the device/facility/business I am responsible for the operation and for ensuring that any device/facility is properly serviced and maintained as required under the Technical Standards and Safety Act.
ed	*Information provided in this application may be releasable to third parties upon request pursuant to TSSA's Access and Privacy Code
	Decline Accept are
	Design Temperature 250F
	Describe the proposed variance from the Regulation, Director's Ruling, Standard, or Code It is to increase the durability and resistance of the product.

27	A check mark will be placed beside <b>"I agree to Terms of the Application</b> Declaration".
	Enter your <b>full name</b> to <b>sign electronically</b> .
	Click the <b>"Next"</b> button. The " <b>Documents</b> " tab will appear.
✓ P	Please refer to the link for our Access and Privacy code. If this request includes a release of personal information, TSSA will require consent fr
	agree to Terms of the Application Declaration
((	Click on link to review the terms)
Plea	ase enter your full manne to sign electronically*
Janu	uary 08. 2024
Afte	er you submit your Application Request, TSSA will contact you to confirm your submission.
	Application cannot be edited after you proceed to Next stage. Please review and confi
	Cancel Back Next

# 28 Click "Browse" to upload the required documents.

structions	CRN Submission Details	Billing Customer	Manufacturer	Review	ocuments F	ees	
For the Re	equired/Mandatory docum	ents are marked wit	h an asterisk (*), yo	ou may click Rep	place to modify	an uploaded file.	
Des	ign Calculations*				File f	se upload a file formats: JPEG, PNG, ZIP, PDF	Browse
Dra (Dra	wing* awing must be stamped by a Pr	ofessional Engineer in C	Intario)		↔ Plea File f	se upload a file formats: JPEG, PNG, ZIP, PDF	Browse

Tip! Acceptable documents in the file formats: JPEG, PNG, ZIP, and PDF. If not, an error will display.

The registered documents go back only to the submitter of the application.

**29** The document has been uploaded successfully. Click **"OK".** 

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thority		
ariance Requester you may click bro	Great!	
erating Engineer c	Document uploaded successfully.	
owledgement fro	m the insurer provided*	

**30** Once you upload all the documents, select the **"Next"** button to move to the **"Fees"** tab.

se upload a tile Formats: JPEG. PNG, ZIP, PDF upload.pdf

#### ad a Zip File Containing the following:\*

e description of, and any installation instructions for, the thing, item or process involved.

iption of the circumstances and reasons that require the variance.

It of every safety risk associated with the variance, based on safety engineering principles and recognized industry standards.

of the measures that are proposed to make the installation equivalent in safety to the level of safety intended by the requirements in the regulation, standard, or coc individual (e.g. P. Eng.) knowledgeable in the design aspects and specifics of the installation must sign the technical support documents.

ise upload a file Formats: JPEG. PNG, ZIP, PDF upload.pdf



# **31** The detailed **prepayment fees** for the application will appear. **Review** the details.

Select one of the following methods of payment:

- Credit Card
- Cheque
- EFT
- Wire

		Payment is required f Select Payment Method Type* Select Select Credit Card Cheque EFT Wire	Tota or application to be processed.	Sub Total: Taxes: al Amount Owing:
Learn Trainir Trainir	ng Documents ng Videos	Company Company News	<b>Need Help?</b> Anywhere you see an information icor click it for more details.	1) please

# **32** If you select **"Cheque"**, then click on **"Payment Details**" option.

		Sub Total: Taxes: Total Amount Owing:	
	Payment is n Select Payment Weth Cheque	equired for application to be processed. od Type* Click to see <u>Payment Details</u> Submit	
Learn Training Documents Training Videos	Company Company News	<b>Need Help?</b> Anywhere you see an information icon (1), please click it for more details. If experiencing technical difficulties, please contact TSSA's Customer Contact Centre.	T S S A

# 33 View "Payment Details" for "Cheque or Money Order".

AD	Renewal	1	\$646.00	\$646.00	\$0.00	\$646.00	
Ar Au			Paymen	t Details			
- F AE	Cheque o	r Money Order					
	Payable To:	Technical Standards and	d Safety Authority				
	Mail to:	345 Carlingview Drive Toronto, ON M9W 6N9					
	Please includ	de <b>application number</b> on	cheque remittance				
						Ok	
			Click to see Pa	<u>yment Details</u>			
			Sub	mit			
		-				$\sim$	

Follow the payment Method steps similar to "Cheque" for:

• EFT

í

• Wire

Select EFT or Wire as payment method. Then click Payment Details to view instructions on how to make the payment.

The payment method steps are different for different options.

Payment is the last step in this process.

34 If you select "Credit Card" for the method of payment. Click on "Pay by Credit Card".

			Su	o Total: \$1,429.00	
				Taxes: \$185.77	
			Total Amount	Owing: \$1.614.77	
	Payment is required for application to be p Select Payment Method Type*	processed. Application will not b	e processed if you select cancel.		
	Credit Card		~		
	Cancel	Pay by Credit Card			
Downloads	Company				CHNICAL ST
Certificates	Company News				TSS
Inspection Reports					SHEETY AU
Issued Orders					)
Contact us	Privacy and cookies	Terms of use	TSSA Website		

# **35** Select the **"Click to proceed to Secure Page"** button to enter your credit card details.

Amount to Pay:	1614.77	
Payment Id :	PortalTxn_2149	
Application Number	AP00001544	
	Click to proceed to Secur	Page
n	Downloads	Company
ning Documents	Certificates	Company News

## **36** Enter the **Credit Card details**:

- Cardholder Name
- Card Number
- MM/YY (Month and Year)
- CVV (3-digit number on card)

Cardholder Name	
Card Number	
MM/YY	cvv (?
	Total

**37** Click on **"Checkout"** button to process the payment.

Card Number	
5454 5454 5454 5454	
MM/YY	CVV ③
09/29	100
	Total
Back	Checkout

**38** The **Transaction receipt** will appear. **"Print"** a copy of the **Transaction Receipt** for your records.

Tra	nsaction Approved
P P	rint
Tran	saction Approved
Orde	r Number : PortalTxn_1859_9656
Amo	unt :
Last	4 Digit of Card Number : *****5454
Tran	saction Type : 200
App	roval Code : KN2228
Refe	rence Number : 660188540011000040
Tran	saction Number : 9249-0_713
Tran	saction Datetime : 2024-03-14 12:24:37

Congratulations! You have successfully submitted an application for "BPV Design Registration" in the TSSA Client Portal.

You will receive an email confirmation and an official receipt once the payment has been completed.

**39** Contact Customer Service at *1-877-682-TSSA* (8772) or send an email to <u>customerservices@tssa.org</u> in case of any questions.

(i)