

How to Submit a Public Information Request



This guide will provide you with step-by-step instructions on how to submit a "Public Information Request" in the TSSA Client Portal.

- 1 From the Client Portal homepage, click the **"Applications"** tab.

A screenshot of the TSSA Client Portal homepage. The top navigation bar is dark blue with the TSSA logo on the left and four menu items: "Home", "Accounts", "Applications", and "Invoices". The "Applications" tab is highlighted with a brown circle. Below the navigation bar is a light blue banner that says "Customer Portal". The main content area has a white background and starts with a greeting: "Hi Ada Shelby". Below the greeting is a welcome message: "Welcome to the TSSA portal, where, customers can view and manage account information, submit application...". There are four main sections: "New Customers", "Existing Customers", "Third Party Property Management Companies", and "Third Party Submitters".

Home Accounts **Applications** Invoices

Customer Portal

Hi Ada Shelby

Welcome to the TSSA portal, where, customers can view and manage account information, submit application...

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.

Existing Customers

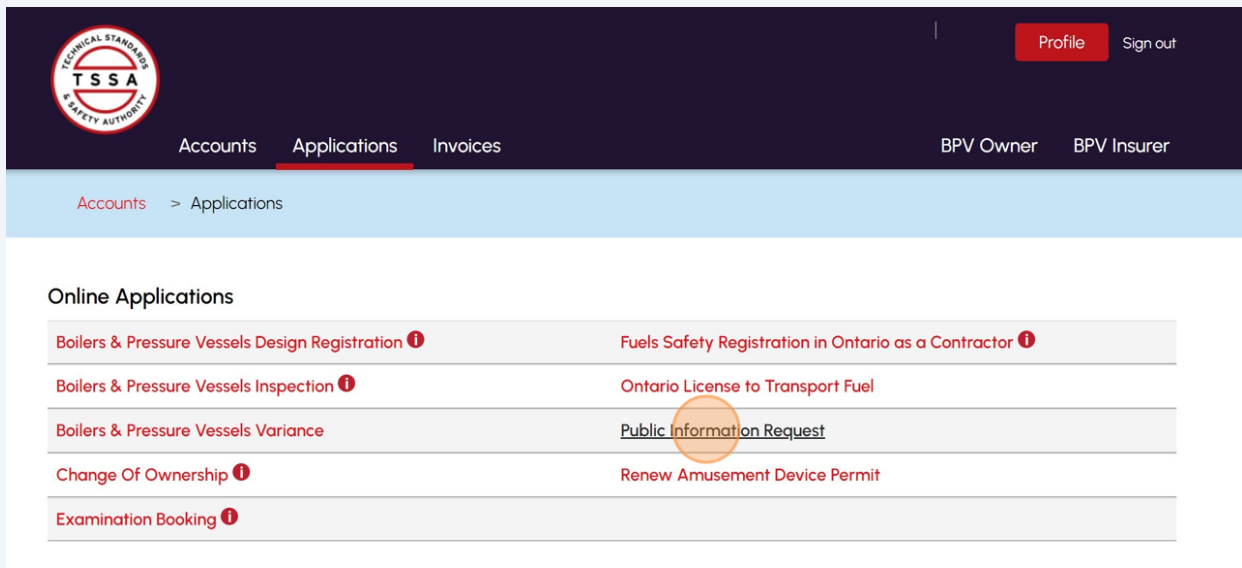
Link to your TSSA account with,

- Invoice or inspection report or
- Valid authorization (licence/certif
- Account Access Key

Third Party Property Management Companies

Third Party Submitters

2 Click the "**Public Information Request**" hyperlink under "**Online Applications**".

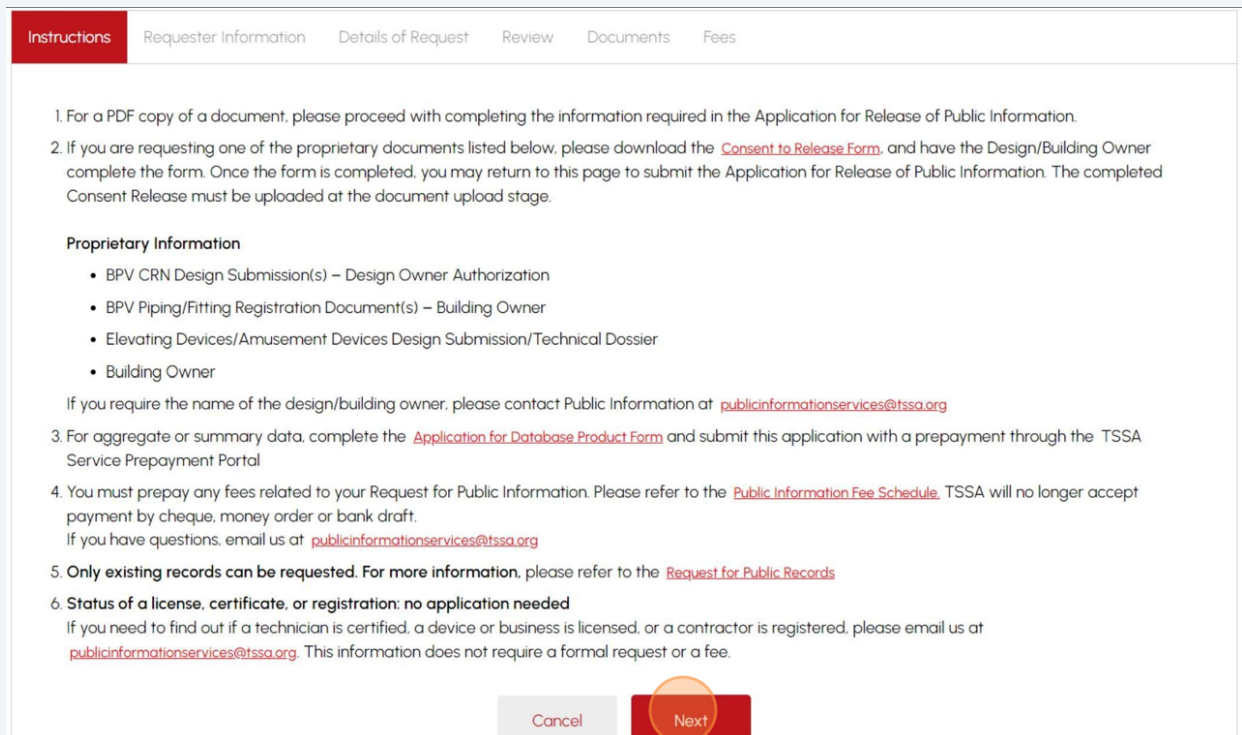


The screenshot shows the TSSA website interface. At the top left is the TSSA logo (Technical Standards & Safety Authority). The navigation menu includes 'Accounts', 'Applications' (which is underlined), and 'Invoices'. On the right, there are links for 'Profile' and 'Sign out', and roles 'BPV Owner' and 'BPV Insurer'. Below the navigation, a breadcrumb trail shows 'Accounts > Applications'. The main content area is titled 'Online Applications' and contains a grid of application categories. The 'Public Information Request' link is circled in orange.

Boilers & Pressure Vessels Design Registration ⓘ	Fuels Safety Registration in Ontario as a Contractor ⓘ
Boilers & Pressure Vessels Inspection ⓘ	Ontario License to Transport Fuel
Boilers & Pressure Vessels Variance	<u>Public Information Request</u>
Change Of Ownership ⓘ	Renew Amusement Device Permit
Examination Booking ⓘ	

3 Read the instructions. Click the "**Next**" button to move to begin the application process.

Important: Consent to Release Form is not mandatory unless proprietary information is being requested.



The screenshot shows the 'Instructions' page for a Public Information Request. The page has a navigation bar with 'Instructions' (highlighted), 'Requester Information', 'Details of Request', 'Review', 'Documents', and 'Fees'. The main content area contains a list of instructions and a 'Proprietary Information' section. At the bottom, there are 'Cancel' and 'Next' buttons, with the 'Next' button circled in orange.

1. For a PDF copy of a document, please proceed with completing the information required in the Application for Release of Public Information.

2. If you are requesting one of the proprietary documents listed below, please download the [Consent to Release Form](#), and have the Design/Building Owner complete the form. Once the form is completed, you may return to this page to submit the Application for Release of Public Information. The completed Consent Release must be uploaded at the document upload stage.

Proprietary Information

- BPV CRN Design Submission(s) – Design Owner Authorization
- BPV Piping/Fitting Registration Document(s) – Building Owner
- Elevating Devices/Amusement Devices Design Submission/Technical Dossier
- Building Owner

If you require the name of the design/building owner, please contact Public Information at publicinformationservices@tssa.org

3. For aggregate or summary data, complete the [Application for Database Product Form](#) and submit this application with a prepayment through the TSSA Service Prepayment Portal

4. You must prepay any fees related to your Request for Public Information. Please refer to the [Public Information Fee Schedule](#). TSSA will no longer accept payment by cheque, money order or bank draft.
If you have questions, email us at publicinformationservices@tssa.org

5. **Only existing records can be requested.** For more information, please refer to the [Request for Public Records](#)

6. **Status of a license, certificate, or registration: no application needed**
If you need to find out if a technician is certified, a device or business is licensed, or a contractor is registered, please email us at publicinformationservices@tssa.org. This information does not require a formal request or a fee.

4 Click either **"New Customer Account"** or **"Existing Account"**.

Application for Release of Public Information

Issued under the Access and Privacy Code

Instructions	Requester Information	Details of Request	Review	Documents	Fees
<input type="radio"/> New Customer <input type="radio"/> Existing Customer					

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5 If you do not have an account with TSSA, click **"New Customer"**.

As a new customer, you need to create an account before submitting the application. Click **"Create Account"**.

Application for Release of Public Information

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Instructions	Requester Information	Details of Request	Review	Documents	Fees
<input checked="" type="radio"/> New Customer <input type="radio"/> Existing Customer					
Please proceed to Create Account <input type="button" value="Create Account"/>					

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Need Help?

Anywhere you see an information icon **i**, please click it for more details.

If experiencing technical difficulties, please contact TSSA's Customer Contact Centre.

Available Monday to Friday from 8:00 a.m. to 5:00



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If you're an existing customer, click the **"TSSA Customer Account"** field and select an **Account** from the dropdown list.

Application for Release of Public Information

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Instructions Requester Information Details of Request Review Documents Fees

New Customer Existing Customer

TSSA Customer Account *
(Please select the account from list below. If account is not displayed, please proceed to [Create Account](#) or [Link Existing Account](#) if account exists but is not visible below)

Select Account ▼

- Select Account
- Ada
- CAN
- COE
- Goo
- IBM

7

Complete the following information:

- Requestor Name
- Requestor Phone
- Requestor Email
- Your File/Reference

"Your File/Reference" is an optional field.

Instructions Requester Information Details of Request Review Documents Fees

New Customer Existing Customer

TSSA Customer Account *
(Please select the account from list below. If account is not displayed, please proceed to [Create Account](#) or [Link Existing Account](#) if account exists but is not visible below)

COSTCO WHOLESALE CANADA LTD. ▼

Requester Name*
Ada Shelby

Requester Phone*
(437) 766-3861

Requester Email*
adashelbytssa@gmail.com

Your File/Reference
1234

Cancel Back Next

8 Click the "Next" button to begin entering the details of your request.

Instructions Requester Information Details of Request Review Documents Fees

New Customer Existing Customer

TSSA Customer Account *
(Please select the account from list below. If account is not displayed, please proceed to Create Account or Link Existing Account if account exists but is not visible below)

COSTCO WHOLESALE CANADA LTD. ▾

Requester Name* Ada Shelby

Requester Phone* (437) 766-3861

Requester Email* adashelbytssa@gmail.com

Your File/Reference 1234

Cancel Back Next

9 Enter the following information:

- Reason for Request
- Details of Request

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Instructions Requester Information Details of Request Review Documents Fees

Reason For Request* Information required

Details of Request* Information required

10 Refer to the **"Type of Record"** field. It is defaulted as an **individual record**.

Instructions Requester Information **Details of Request** Review Documents Fees

Reason For Request*
Information required

Details of Request*
Information required

Type Of Record
Individual

11 Enter your address in the **"Search and Select Address"** field.

The following information will be auto-populated:

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

Tip: Addresses can be searched and selected. You may also edit or manually enter the address in the fields marked with an asterisk(*).

Subject Address to be Searched

Search and Select Address - Street Number / Name or Lot Number and Concession Number (Addresses can be searched and selected. You may also edit or directly enter the address)

12 Yonge St, Toronto Ontario M5E 1Z9

Street Number/Name* Unit/Suite
12 Yonge St

Country* Province/State*
Canada Ontario

City* Postal/Zip Code*
Toronto M5E 1Z9

12 Click the "**Program Area**" field and select a Program:

- Amusement Devices
- Boiler Pressure Vessels
- Elevating Devices
- Fuels Safety
- Operation Engineer
- SKI
- Other

Street Number/Name*
12 Yonge St

Unit/Suite

Country*
Canada

Province/State*
Ontario

City*
Toronto

Postal/Zip Code*
M5E 1Z9


Program Details
Program Area*
None selected

- Select all
- Amusement Devices
- Boiler Pressure Vessel
- Elevating Devices
- Fuels Safety
- Operating Engineer
- SKI
- Other

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Available Monday to Friday from 8:00 a.m. to 5:00 p.m. (excluding holidays).
Toll-Free: 1-877-682-TSSA (8772)



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If you select **Elevating Devices, Amusement Devices, or SKI**, enter the following details as required:

- **Number of Devices being requested for the latest Inspection Report**
- **Number of Design/Technical Dossier Submissions**
- **Status Report:**
 - Number of Elevating Devices/Amusement Devices / SKI Devices - 6 Devices per Status Report
- **Elevating Devices/Amusement Devices/SKI - Incident Report:**
 - Number of Elevating Devices/Amusement Devices/SKI - Incident Report
 - Date of Incident
 - Victim Name

Important: If you do not know the exact date of the incident, please enter an approximate date close to the incident date.

Program Details

Program Area*

Amusement Devices, Elevating Devices, SKI

Elevating Devices/Amusement Devices/SKI

Number of Devices being requested for latest Inspection Report ⓘ

Number of Design/Technical Dossier Submissions ⓘ

Status Report

Number of Elevating Devices/Amusement Devices / SKI Devices - 6 Devices per Status Report

Elevating Devices/Amusement Devices/SKI - Incident Report

Number of Elevating Devices/Amusement Devices/SKI - Incident Report

Date of Incident (If you do not know the exact date of the incident, please enter an approximate date close to the incident date)

Victim Name (if applicable)

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If you select **Boiler Pressure Vessel** or **Operating Engineer**, then enter the following details as required:

- **Confirmation of BPV/OE**
- **Number of CRN Design Submissions**
- **Number of Piping Registration Documents**
- **Number of MDR/U1A Requests (OIN)**

Program Details
Program Area*

Boiler Pressure Vessel, Operating Engineer

Boiler Pressure Vessel / Operating Engineer

Confirmation of BPV/OE ⓘ

Number of CRN Design Submissions ⓘ

Number of Piping Registration Documents ⓘ

Number of MDR/U1A Requests (OIN) ⓘ

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If you select **Fuels Safety**, then enter the following details as required:

- **Archive Search For Location**
- **Fuels - Incident Report:**
 - Date of Incident
 - Victim Name

Important: If you do not know the exact date of the incident, please enter an approximate date close to the incident date.

Program Details
Program Area
Fuels Safety

Fuels Safety
Archive Search For Location ⓘ

Fuels Incident Report
Date of Incident *(If you do not know the exact date of the incident, please enter an approximate date close to the incident date)*
mm/dd/yyyy

Victim Name

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Need Help?

Anywhere you see an information icon ⓘ, please click it for more details.
If experiencing technical difficulties, please contact



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If you select "**Other**", then enter the information under "**Number of Written/Hard Copy Confirmation of Licensing, Certification, Registration**".

Program Details

Program Area

Other

Number of Written/Hard Copy Confirmation of Licensing, Certification, Registration

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Toll-Free: 1-877-682-TSSA (8772)
Email: customerservices@tssa.org



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Click "**Next**" when you're done entering the information.

Submissions **i**

Training Documents **i**

Tests (OIN) **i**

CRN #'s for the Design Submissions*

Next

Cancel Back

18 Review the summary of information:


- Requestor Information
- Details of Request

Click "**Print Form**" to print a copy.

[Application Submissions](#) > [Submit A New Application](#) > Registration Application For CRN

Application for Release of Public Information

Issued under the Access and Privacy Code

Instructions	Requester Information	Details of Request	Review	Documents	Fees
Requester Information		File/Reference/Number 1234			
Details of Request		Reason for your Request Information on a submission			
		List of information your require Information on a submission			
		Address of Subject Location			

19

Click the "**Access and Privacy code**" link and review the code. Place a checkmark you agree to **access and privacy code consent**.

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



Please refer to the link for our [Access and Privacy code](#). If this request includes a release of personal information, TSSA v consent from the effected party



I agree to [Terms of the Application Declaration](#)
(Click on link to review the terms)

Please enter your full name to sign electronically*

[Needs Current System Date and Time]

After you submit your Application Request, TSSA will contact you to confirm your submission.

20

Read the terms of the application. Click the "**Accept**" button. A check mark will be placed beside "**I agree to the Terms of the Application Declaration**".

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.

*Information provided in this application may be releasable to third parties upon request pursuant to TSSA's Access and Privacy Code



Pl

Decline

Accept

[Needs Current System Date and Time]

After 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 confirm all details.

Cancel

Back

Next

21 Enter your **full name** to sign the form electronically.

# MDR/UIA Request OIN	Detail OIN
-	-

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

I agree to [Terms of the Application Declaration](#)
(Click on link to review the terms)

Please enter your full name to sign electronically*

Ada Shelby

[Needs Current System Date and Time]

After 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 confirm all details.

22 Click the **"Next"** button to attach any documents to your application.

# MDR/UIA Request OIN	Detail OIN
-	-

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

I agree to [Terms of the Application Declaration](#)
(Click on link to review the terms)

Please enter your full name to sign electronically*

Ada Shelby

[Needs Current System Date and Time]

After 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 confirm all details.

23

Click the "**Browse**" button to upload the **required/ mandatory documents** to the application.

Acceptable file formats include JPEG, PNG, ZIP, and PDF. Otherwise, an error will be displayed.

No mandatory document is required unless proprietary information is being requested.

Instructions Requester Information Details of Request Review **Documents** Fees

For the Required/Mandatory documents, you may click browse again, to modify an uploaded file.

Required Documentation
Consent to Release Records (if applicable)

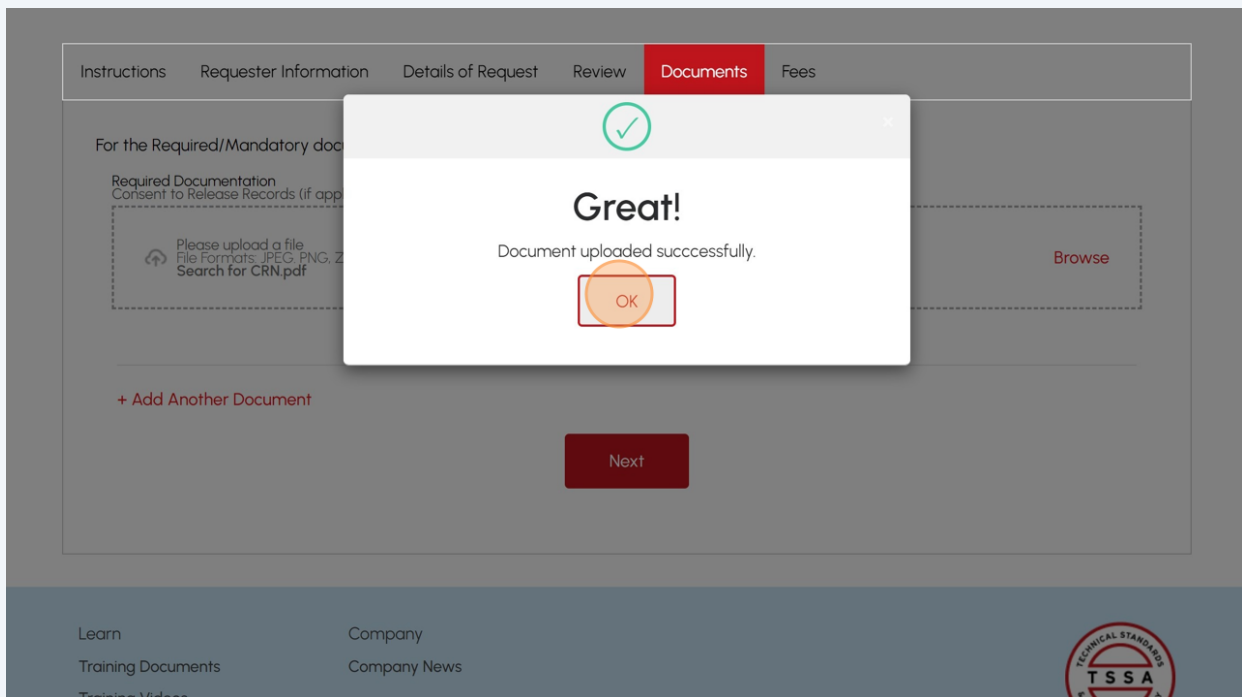
Please upload a file
File Formats: JPEG, PNG, ZIP, PDF

Browse

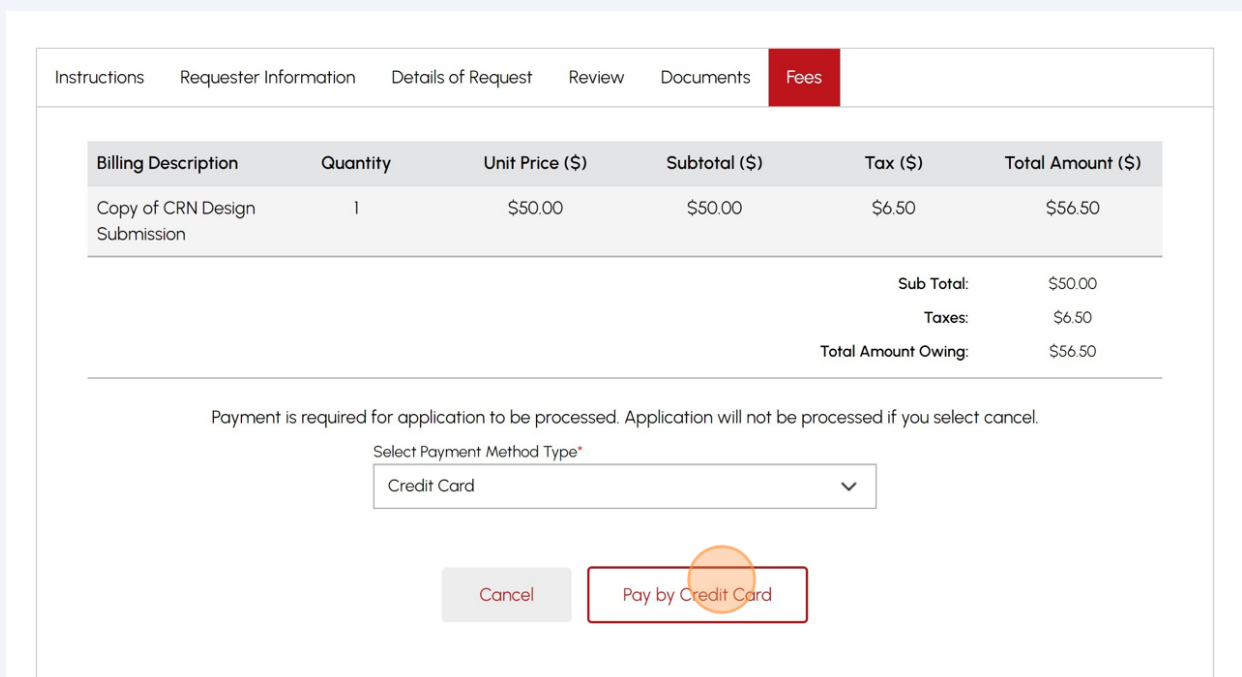
+ Add Another Document

Next

- 24 A notification will appear upon successful upload. Click "OK" to close the window. Select the "Next" button to begin making payment.



- 25 Review the Total Amount Owning and select "Credit Card" as the method of payment. Then, click the "Pay by Credit Card" button.



26

Click the "**Click to proceed to secure page**" button to enter your credit card details.

Amount to Pay:

56.5

Payment Id :

PortalTxn_2176

Application Number

AP00001556

[Click to proceed to Secure Page](#)

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Enter the **Credit Card details:**

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



Cardholder Name

Ada Shelby

Card Number

5454 5454 5454 5454

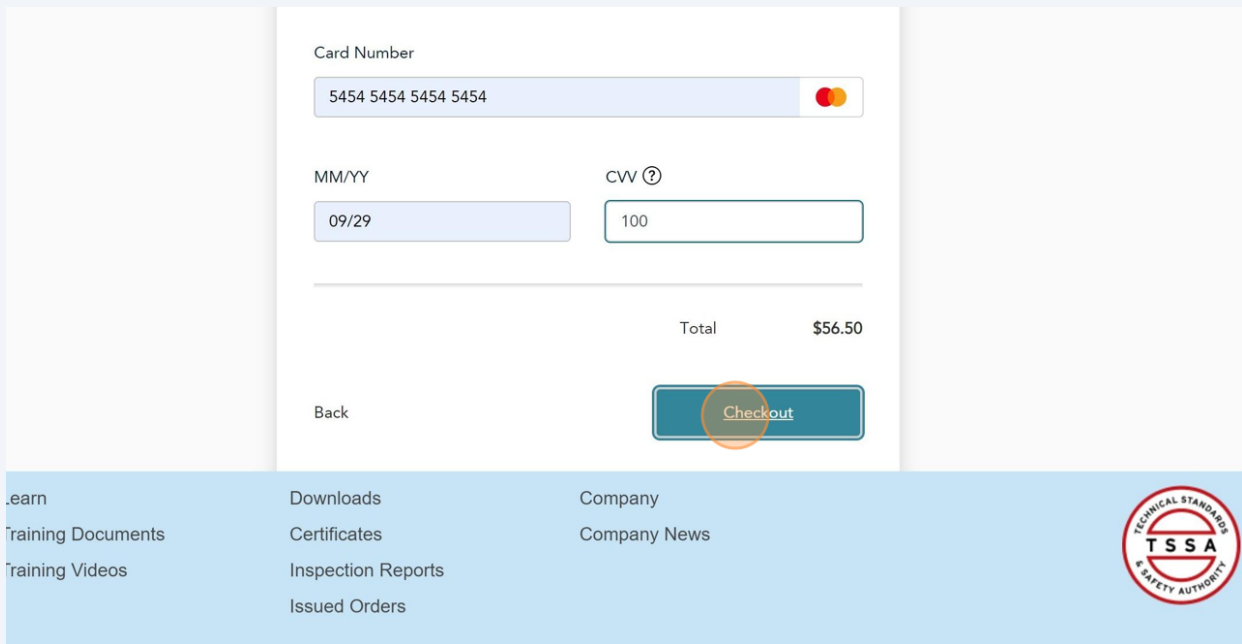
MM/YY

09/29

CVV ?

100

28 Click "**Checkout**" to process the payment.



Card Number
5454 5454 5454 5454

MM/YY
09/29

CW ⓘ
100


Total \$56.50

Back [Checkout](#)

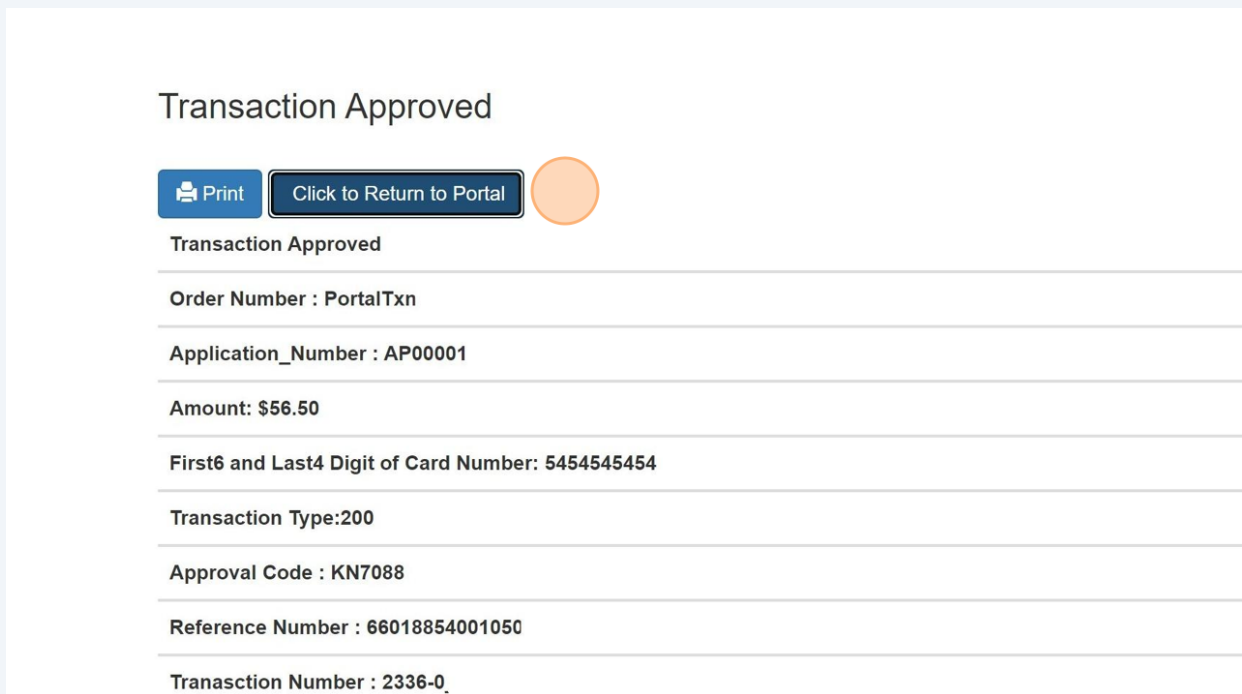
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29 The **Transaction receipt** will appear. "**Print**" a copy of the **Transaction Receipt** for your records.



Transaction Approved

[Print](#) [Click to Return to Portal](#)

Transaction Approved

Order Number : PortalTxn

Application_Number : AP00001

Amount: \$56.50

First6 and Last4 Digit of Card Number: 5454545454

Transaction Type:200

Approval Code : KN7088

Reference Number : 66018854001050

Transaction Number : 2336-0

 Congratulations! You have successfully reviewed how to submit an application for a "Public Information Request" in the TSSA Client Portal.

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