



Technical Standards and Safety Authority
345 Carlingview Drive
Toronto, Ontario M9W 6N9
Tel: 416.734.3300
Fax: 416.234.9169
Customer Service: 1.877.682.8772
Email: bpv_registrations@tssa.org
www.tssa.org

Boilers and Pressure Vessels, Request for Extension of Fitting CRN, Technical Standards and Safety Authority, BPV Regulation

For Office Use Only

Received by: _____ Date received: _____
Surveyor: _____ File No.: _____

Existing CRN: _____

Date of Application: _____

CRN Expiry Date: _____

Note: If the CRN is more than 6 months expired, please submit a renewal application

Extension is requested for:

or select the individual provinces and territories you require:

All Jurisdictions (all of Canada)

| | | | | |
|-----------------------|---------------|----------------------------|---------------------------------|-----------------------------|
| British Columbia (BC) | Manitoba (MB) | New Brunswick (NB)* | Newfoundland and Labrador (NL)* | Northwest Territories (NT)* |
| Alberta (AB) | Ontario (ON) | Nova Scotia (NS)* | | |
| Saskatchewan (SK) | Quebec (QC) | Prince Edward Island (PE)* | Yukon (YT)* | Nunavut (NU)* |

3 Month Extension

6 Month Extension

Reason for Extension: _____

Section A: Submitter's full legal company name and address:

Documents will be sent to the submitter

Company Name: _____
Address: _____
City/Town: _____ Contact name: _____
Prov./State: _____ E-mail: _____
Postal/Zip Code: _____ Country: _____ Telephone: _____

Section B: Registered to (manufacturer's) full legal company name and address:

Same as A:

or C:

(Registrant assumes full legal responsibility)

Company Name: _____
Address: _____
City/Town: _____ Contact Name: _____
Prov./State: _____ E-mail: _____
Postal code: _____ Country: _____ Telephone: _____

Section C: Billing client:

Same as A:

or B:

Company Name: _____
Address: _____
City/Town: _____ Contact Name: _____
Prov./State: _____ E-mail: _____
Postal code: _____ Country: _____ Telephone: _____

P.O. No.or Billing Ref.: _____



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SUMMARY OF FEES

Ontario Ext Letter: \$104.50 + applicable taxes
National Ext Admin Fee: \$340.00 + applicable taxes
Additional fees will be billed from the requested provinces

| Selection | Extension | FEE | HST | Total (Including HST) |
|-----------|---------------------------|-----------|----------|--------------------------|
| | Ontario Extension Letter | \$ 104.50 | \$ 13.59 | |
| | National Extension Letter | \$ 340.00 | \$ 44.20 | |

| | | | |
|----------------|--|--|--|
| Total 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.

For payment options, see Payment Instructions

Check list:

- QC Certificate (Attached)
- A copy of the existing (expired) CRN for each province you require an extension for (Attached)



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PAYMENT INSTRUCTIONS

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

If paying by cheque, bank draft, money order or wire transfer, 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)

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

If paying by Cheque, Bank Draft, Money Order or Wire transfer complete the following and select payment method:

Name of Applicant/Organization:

Telephone No:

Email Address:

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

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

Wire Transfer

Pay to Bank: TD Canada Trust

Beneficiary: Technical Standards and Safety Authority

Swift: TDOMCATTTOR

Account: 05200306317

Please add \$CDN 15.00 to your remittance for bank handling charges for wire transfers. Send a copy of your wire remittance by e-mail to areceivable@tssa.org along with a copy of your application.

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