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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

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

Technical Standards and Safety Act Fuels Safety Regulations

www.tssa.org			,	
Please submit completed application and support	ormat).	For Office Use Only		
Digester Gas		opane ther		
Code:	Clause:			
Is this a field development project?				
Equipment/Appliance/Component involved.				
Make	Model		Serial No.	
Reason for request and proposed method of equival	ent safety (submit separa	te letter if required).	1	
A. OWNER OF APPLIANCE, EQUIPMENT OR INS	TALLATION			
Company Name:		Corpo	ration No.:	
Street Name / 911 Number/Address, if applicable:				
Unit/Suite:	PO Box:	1		
City/Town:		Province:	F	Postal Code:
Telephone No.:	Fax No.:		Cell No.:	
Email:				
Print Name of Contact Person:				
B. LOCATION ADDRESS Same (Where appliance/equipment is to be installed/inst	as: A pected. Note this must be	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:				
Print Name of Contact Person:				
C. TECHNICAL CONTACT Same a (Company we should communicate with regardin		ion 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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Location Address:

D. INVOICEE (Company responsible for fees invoiced for approval including engineering and inspection fees.)							
Company Name:							
Street Name / 911 Number/Address, if applicable:							
Unit/Suite:	PO Box:						
City/Town:		Pro	Province:		Postal Code:		
Telephone No.:	Fax No.:			Cell No.:			
E-mail:							
Print Name of Contact Person:			Signature of Contact Person:				

Date of Application (dd-mmm-yyyy): _

	(HST Registra	tion No: 8911313	69)					
Select	Service	Fee Type		Fee	HST	Fee	e (Including HST)	Total Fees Due
	Variance (Except Non Certified Plastic Venting)	Flat*	\$	1,366.50	\$ 177.65	\$	1,544.15	
	Expedited Services**							
	Expedited Engineering Services (Additional charge to engineering review per site application)	Flat	\$	581.00	\$ 75.53	\$	656.53	
	Expedited Inspection Service (invoiced separately at 2 x standard rates)							
		Total Fees Due						

FEES (HST Registration No: 891131369)

If paying by credit card, amount in Box 1 to be entered in TSSA Service Prepayment Portal

1

All required fees must be prepaid for application to be processed. Fees are non-refundable. For payment options, see Payment Instructions

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.

**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.



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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