

PROGRAM (check ALL that apply)

Fax: 416.734.3568 www.tssa.org

### APPLICATION FOR DATABASE PRODUCT

TSSA use only	Request #

## SECTION I APPLICATION INFORMATION

## Elevating & Amusement Devices Fuels Boilers & Pressure Vessels 1. Applicant Information Name Tel.#: Email Date **Business Address** Street City Postal Code Province Registered Ontario Business Address (if different from above) Street City Province Postal Code **Indicate Status & Jurisdiction of Applicant** ☐ Corporation Indicate: Province of Incorporation Corporation No. □ Sole Proprietorship ☐ Other Indicate: Province of Registration

5. Description of Bu	usiness (set out fully) and nature of business or other activity:
6. If your business in agency, pleas	is required by law to be licensed (in Canada/Province) e.g. Consumer reporting e complete the following:
Governing Body:	
Licence Type:	
Licence No.:	
Registration No.:	Expiry Date:
7. State whether an	y previous application has been made for TSSA Database Information Products
(If so, describe dates a	nd circumstances)

## **SECTION II**

## DATABASE PRODUCT DESCRIPTION

8. Please complete attached Schedule A setting out details of the TSSA Database Product requested. (Add additional page if necessary)

#### USE OF DATABASE INFORMATION PRODUCT

9. Describe the business application in which the TSSA Database Product applied for will be used and its purpose. (Explain fully and accurately).
Will the information be combined or merged (in whole or in part) with other data? (If so, describe other data and its source)

Will the information be used to create other products (in whole or in part)? (If so, describe fully).
Will the information fully be duplicated and/or resold or otherwise assigned or transferred in whole or in part? (If so, describe).
Will the information be used or transferred out of Province of Ontario? (If so, explain circumstances).

# SECTION III PERSONAL INFORMATION REQUESTS

10.	Personal information means any recorded information about an identifiable individual. (Such as age, sex, home address, education & employment history.) If requesting personal information, state the specific purpose(s) of the use of this information and describe the associated benefits.							
11.	Will any personal information be used or disclosed in a form in which the person to whom it relates							
	can be identified? (If so, explain fully).							
	can be identified? (If so, explain fully).							
	can be identified? (If so, explain fully).							
	can be identified? (If so, explain fully).							
	can be identified? (If so, explain fully).							
	can be identified? (If so, explain fully).							
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	can be identified? (If so, explain fully).							
	can be identified? (If so, explain fully).							

12.	Will the applicant, any of its employees, agents or any other person contact any individual to whom personal information relates? (If so, explain fully, including direct/indirect marketing purposes).
13.	State the capacity of persons to be given access to personal information (where applicable), including officers, employees, agents, consultants and any other parties.
14.	Attach a copy of Procedures established to protect the confidentiality and integrity of any personal information to be used or of any derivative product which will contain personal information (include security procedures for access to such data).

## **SECTION IV**

## **CONTRACTUAL INFORMATION**

15.	Should your application be approved, you will be required to enter into an agreement with the Technical Standards & Safety Authority to purchase the TSSA Database information products
	Print the name and title of the person authorized to sign the agreement and who will be responsible for compliance with the terms and conditions of the Agreement pertaining to the access and use of information from the Technical Standards & Safety Authority.
Nan	ne Title
Desc	cription of position within the organization:
I ce	Affirmation ertify that the information in this application and attached schedule is true and correct. (Must be person listed in item #15)
Exec	cuted at
City	
Prov	vince
Sign	nature
Date	e e

#### **SCHEDULE A**

TSSA use only	Request #

LIST SPECIFIC DETAILS (e.g. geographical location, device class, etc.) OF DATA REQUESTED

TSSA Use Only

Details	Approved/Denied

Please indicate how information is to be supplied: Hard Copy ASCII Excel

Fee Type		Fee		HST	(Inc	cluding	Fe	Total es Due
Minimum*	\$	130.50	\$	16.97	\$	147.47	\$	147.47
l Fees Due	\$	130.50	\$	16.97			\$	147.47
	Type  Minimum*	Type  Minimum* \$	Type Fee  Minimum* \$ 130.50	Type Fee  Minimum* \$ 130.50 \$	Type Fee HST  Minimum* \$ 130.50 \$ 16.97	Fee Type         Fee         HST         (Inc.)           Minimum*         \$ 130.50         \$ 16.97         \$	Type Fee HST HST)  Minimum* \$ 130.50 \$ 16.97 \$ 147.47	Fee Type         Fee         HST         (Including HST)         Fee           Minimum*         \$ 130.50         \$ 16.97         \$ 147.47         \$

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

Note: Expedited (Rush) service is not available for Public Information requests.



### **PAYMENT INSTRUCTIONS**

TSSA use only	L#	CH#	
WO#			

# **Payment Options:**

**Credit Card - Click link below** 

**TSSA Service Prepayment Portal** 

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