



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: customermanagement@tssa.org
www.tssa.org

Application for Reinstatement of an Ontario Licence to Operate Propane Cylinder Exchange

Technical Standards and Safety Act
Propane Storage and Handling Regulation

For Office Use Only

MUST SUBMIT:

Valid municipal approval letter:

- a) issued by the local municipal planning department,
- b) issued within the past 6 months and reference the facility owner,
- c) clearly states approval for the propane facility at the designation location site.

Failure to submit the municipal approval letter will result in a delay in processing the application.

Was this facility previously licensed under the Act? ☐ Yes ☐ No

If 'yes', provide name of previous owner

Licence Number

A. LICENCE HOLDER INFORMATION

Person or Company Name:

Corporation Number/Business Identification Number:

Street Name / 911 Number/Address, if applicable:

Unit/Suite:

PO Box:

City/Town:

Province:

Postal Code:

Telephone No.:

Fax No.:

Cell No.:

Email:

Print Name of Contact Person:

Signature of Contact Person:

B. FACILITY LOCATION

Same as: ☐ A

(Note this must be a delivery or fire route address.)

Person or Company Name:

Street Name / 911 Number/Address, if applicable:

Unit/Suite:

City/Town:

Province:

Postal Code:

Telephone No.:

Fax No.:

Cell No.:

E-mail:

Print Name of Contact Person:

C. TECHNICAL CONTACT

Same as: ☐ A ☐ B ☐ D

(Person or Company we should communicate with regarding engineering and inspection approval on behalf of the owner.)

Person or Company Name:

Street Name / 911 Number/Address, if applicable:

Unit/Suite:

PO Box:

City/Town:

Province:

Postal Code:

Telephone No.:

Fax No.:

Cell No.:

E-mail:

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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Facility Address:

D. INVOICEE

Same as: ☐ A

(Person or Company responsible for fees invoiced for approval including engineering and inspection fees.)

Person or Company Name:

Street Name / 911 Number/Address, if applicable:

Unit/Suite:

PO Box:

City/Town:

Province:

Postal Code:

Telephone No.:

Fax No.:

Cell No.:

E-mail:

Print Name of Contact Person:

Signature of Contact Person:

Date of Application (dd-mm-yyyy): _____

FEES*

(HST Registration No: 891131369)

Enter # of years operating without a License	Current Year	Total Years	License	Fee Type	Fee	Total Years	Total Fees Due
			Cylinder Exchange - License	Flat*	173.00	x	=

Total Reinstatement Fees	
Late Payment Fee	75.00
Total Amount Due	

Value in Box 2 to be entered in TSSA Service Prepayment Portal **2**

Click here to access [TSSA Service Prepayment Portal](#)

All required fees must be prepaid for application to be processed. Fees are non-refundable.

***Note: Engineering and/or Inspection services may be required to reinstate the license/
registration and will be billed as a separate fee**

Legal Disclaimer - The owner agrees to hold harmless the Technical Standards and Safety Authority, its employees, agents, successors and assigns from any and all damages, actions, suits, claims or loss arising from the use, approval or refusal to approve of the appliance, equipment or work to which this approval applies. In the event of claims made against TSSA arising from the use of the appliance, equipment or work the owner accepts, on demand to defend such actions on behalf of TSSA and to assume any costs legal or otherwise for the defence or settlement of such claims. Failure to comply with any of the terms and conditions of the approval voids the approval.

FORM #: FS-045-v4