



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
propanelicensing@tssa.org
www.tssa.org

Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
Propane Storage and Handling Regulation

This Level 1 RSMP applies to:

- a facility with a total propane storage capacity of 5,000 USWG or less; or
- a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i> Licence Number <u>FS-LIC-55284</u> Check applicable type of propane operations. ☒ Cylinder ☐ Motor Fill ☐ Filling Plant ☐ Card/Keylock Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.	For Office Use Only
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SECTION A: GENERAL INFORMATION

The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

A	Company Name <u>Delk Fuels Inc.</u>	Corporation No.
	Operator Name (if different from above) 	
	Telephone No. <u>519-773-2234</u>	Fax No.
	E-mail <u>ultramar@delkfules.com</u>	
B	Street No. <u>504</u>	Street Name / 911 Number / Address, if applicable <u>Talbot St West</u>
	Town / City or Township / County <u>Aylmer</u>	Province <u>ON</u>
	Postal Code <u>N5H 2T8</u>	
	Mailing address if different from above.	
C	Street No. <u>961</u>	Street Name / 911 Number / Address, if applicable <u>Ridgewood Dr.</u>
	Town / City or Township / County <u>Woodstock</u>	Province <u>ON</u>
	Postal Code <u>N4T 0A6</u>	
Information on Container Refill Centre or Filling Plant		
	Location of facility.	
D	Street No. <u>504</u>	Street Name / 911 Number / Address, if applicable <u>Talbot St. West</u>
	Nearest Major Intersection <u>Talbot St. and John St</u>	
	Town / City or Township / County <u>Aylmer</u>	Province <u>ON</u>
	Postal Code <u>N5H 2T8</u>	
Name of Licence Holder <u>Delk Fuels Inc.</u>		
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). <u>John Jorgensen</u>		
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) <u>Malahide</u>		
Hours of operation. ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■		

document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

Declaration: I am aware that it is an offence to give false information in this document and
I hereby declare that the information I have given here is true and complete.

Printname	Signature	Date (dd-mm-yyyy)
Name of Licence Holder: <u>Delk Fuels Inc.</u>		
Name of Senior Management person as defined in the Regulation holding the Record of Training: <u>John Jorgensen</u>		<u>26 Jun 2026</u>



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SECTION A: GENERAL INFORMATION (cont'd)

Indicate the year the facility was established. 2024	Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment. 2024
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Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank 1:	250	4237-23
Tank 2:		
Tank 3:		

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 1999 Portable: Mobile:

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Name of person completing this form (please print) John Jorgensen	Official Title General Manager	
Signature [Redacted]	Telephone No. 5195322826	Date (dd-mmm-yyyy) 11-DEC-2025



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SECTION A: GENERAL INFORMATION (cont'd)

Activity Information

Name of Propane Supplier(s) Superior Propane			For Office Use - Party No.	
Street No. 700	Street Name / 911 Number / Address, if applicable Jameison Pkwy			
Town / City or Township / Country Cambridge			Province Ontario	Postal Code N3C 4N6
Telephone No. 519-502-2386	Fax No.	Contact Name Gerry La Framboise		
E-mail gerry_laframboise@superiorpropane.com				

Name of Propane Transporter. If same as above, please check box. ☒			For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable			
Town / City or Township / Country			Province	Postal Code
Telephone No.	Fax No.	Contact Name		
E-mail				

Off-site Cylinder and/or Mobile Storage Cylinder and Mobile Storage		Capacity stored off-site, in USWG 93,500	For Office Use - Party No.	
Street No. 29495	Street Name / 911 Number / Address, if applicable Centre Rd RR#6			
Town / City or Township / Country Strathroy			Province Ontario	Postal Code N7G 3H7
Telephone No. 226-821-4052	Fax No.	Contact Name Ben Floto		

Note: Customer storage is not considered off-site storage.

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Name of person completing this form (please print) Gerry La Framboise		Official Title Area Operations Manager - Ontario Southwest	
Signature		Telephone No. 519-502-2386	Date (dd-mmm-yyyy) 11-Dec-2025



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

The licence holder will complete Section B in consultation with the local Fire Services.

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

2 Underground Fuel Tanks 50000L double wall fiberglass with 1 Regular 50000L, Diesel 25000L and Premium 25000L

2 Lockable Storage cages containing 24x 20Lbs BBQ Propane Tanks each holding

Description of fire and emergency equipment indicated on facility site map.

List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

Fusable Link on the Propane Tank, closing the tank in case there is a fire. Alarm system in the building.

2 Emergency Shut off devices by the tank/filling station

Maintenance and testing schedule for fire protection controls and devices.

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Name of person completing this form (please print)

John Jorgensen

Official Title

General Manager

Signature

Telephone No.

5195-532-2826

Date (dd-mmm-yyyy)

11-DEC-2025



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact

Name John Jorgensen	For Office Use - Party No.
Official Title General Manager	
Telephone No. 519-532-2826	Fax No.
E-mail johnj@delkfuels.com	
Role and responsibilities in emergency General Manager First Contact	

5. Facility 24-Hour Contact Person

Name Priyank Patel	For Office Use - Party No.
Official Title Manager	
Cell No. 519-721-6310	Fax No.
E-mail Ultramar@delkfuels.com	
Role and responsibilities in emergency General Manager	

2. Facility Contact Personnel - Alternate Contact

Name Priyank Patel	For Office Use - Party No.
Official Title Manager	
Telephone No. 519-721-6310	Fax No.
E-mail ultramar@delkfuels.com	
Role and responsibilities in emergency General Manager, Secondary Contact, closest Representative to location	

6. Name of Facility Manager

Name John Jorgensen	For Office Use - Party No.
Official Title General Manager	
Telephone No. 519-532-2826	Fax No.
E-mail johnj@delkfuels.com	
Role and responsibilities in emergency	

3. Local Fire Services - Key Contact

Name Chief Jeff Spoor	For Office Use - Party No.
Official Title Fire Chief	E-mail jspoor@malahide.ca
Telephone No. 519-773-5344 ext 230	Fax No.
Role and responsibilities in emergency Fire Chief	

7. Propane Supplier Key Contact Person

Name Gerry La Framboise	For Office Use - Party No.
Official Title Area Operations Manager – Southern	E-mail gerry_laframboise@superiorpropane.co
Telephone No. 519-502-2386	Fax No.
Role and responsibilities in emergency Coordinate with the Propane Supplier	

Fire Services Address

Propane Supplier Address
700 Jameison Pkwy Cambridge Ontario

4. Local Fire Services - Alternate Contact

Name District Chief Randy Loewen	For Office Use - Party No.
Official Title District Fire Chief	E-mail fire5@malahide.ca
Telephone No. 519-773-5344 xt 406	Fax No.
Role and responsibilities in emergency District Chief	

8. Municipal Contact

Name	For Office Use - Party No.
Official Title	
Telephone No.	Fax No.
E-mail	

Fire Services Address

Municipality Name and Address

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Name of person completing this form (please print)

John Jorgensen

Official Title

General Manager

Signature

Telephone No.

519-532-2826

Date (dd-mm-yyyy)

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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

No other Measure in place that exceed the minimum code.

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Official Title

Signature

Telephone No.

Date (dd-mmm-yyyy)

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25-FEB-2026



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

3. Record of Emergency Training Provided - For most recent 12-month period.

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Training Date (dd-mmm-yyyy)	Print Name of Training Provider: FSN Training & Development Inc
26-06-2025	Print Name of Instructor: Joe Thorton
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Training Date (dd-mmm-yyyy)	Print Name of Training Provider: FSN Training & Development Inc
26-12-2025	Print Name of Instructor: Joe Thorton
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Training Date (dd-mmm-yyyy)	Print Name of Training Provider: FSN Training & Development Inc
26-12-2025	Print Name of Instructor: Joe Thorton
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print)	Official Title	
John Jorgensen	Gm	
Signature	Telephone No.	Date (dd-mmm-yyyy)
	5195322826	25-FEB-2026



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

4. Emergency Training Plan for Coming Year

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Target Date (dd-mmm-yyyy) 06-02-2026	Print Name of Training Provider: FSN Training & Development Inc
	Print Name of Instructor: Joe Thorton
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Target Date (dd-mmm-yyyy) 06-02-2026	Print Name of Training Provider: FSN Training & Development Inc
	Print Name of Instructor: Joe Thorton
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Target Date (dd-mmm-yyyy) 06-02-2026	Print Name of Training Provider: FSN Training & Development Inc
	Print Name of Instructor: Joe Thorton
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mmm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) John Jorgensen	Official Title GM	
Signature 	Telephone No. 5195322826	Date (dd-mmm-yyyy) 25-FEB-2026



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

The licence holder will complete Section B in consultation with the local Fire Services.

5. Emergency Response Communications Plan

Warnings and Actions

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).

1. Whoever is on site and has propane training will determine the scope of the emergency and if necessary move people to a safe muster point.
2. Person with propane training to call emergency service.
3. Wait at a safe locaton and allow professionals to clear the scene and report all clear.

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).

If a warning is issued, people will be moved to a safe muster point, fart side of Tim hortons Lot.

Communication with Emergency Response Authorities

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).

The license holder should call 911 first in case of an emergency. THEN a call to the key facility personal, John Jorgensen, Priyank Patel.

The Key personall will double check to make sure 911 has been called and everyone has moved to a safe muster location.

Describe provisions for fire department entry when there are no operations or staffing at the propane site.

Fire department does not need entry into the facility, this is an outside facility.

Describe how the licence holder will ensure continual flow of updated information to authorities.

The license holder will make themselves available to authorities.

How long will it take the facility liaison person to respond to the site.

The facility liaison should respond within 10 minutes.

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Name of person completing this form (please print)

John Jorgensen

Official Title

GM

Signature

Telephone No.

5195322826

Date (dd-mmm-yyyy)

25-FEB-2026



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

The licence holder will complete Section B in consultation with the local Fire Services.

6. Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	☒	☐
2. Is there adequate night lighting at the site?	☒	☐
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	☒	☐
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	☒	☐
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	☒	☐
6. Are weighing systems validated for accuracy?	☒	☐
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	☒	☐
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	☒	☐
9. Is the schedule of maintenance and testing activities retained on site?	☒	☐

7. Water Supply

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

	Yes	No
1. Is a pressurized water system available at the propane facility site?	☒	☐
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	☒	☐
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	<u>25</u>	
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only)	<u>N/A</u>	

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Signature

Telephone No.

Date (dd-mmm-yyyy)



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

The licence holder will complete Section B in consultation with the local Fire Services.

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes

No

☒☐

If not, please explain (e.g., no fire services).

Fire services comments, if any:

To be completed by the Licence Holder

In response to the above comments, the following action(s) is required:

The licence holder will respond to the Local Fire Services comments by: _____
(dd-mmm-yyyy)

LOCAL FIRE SERVICES

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Print name	Signature	Date (dd-mmm-yyyy)
Local Fire Services Name JEFF SPOOR		26/06/2026

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Name of person completing this form (please print)	Official Title
John Jorgensen	General Manager
Signature	Telephone No.
	519-532-2826
	Date (dd-mmm-yyyy)
	25 FEB-2026



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SECTION C: SUBMISSIONS

Applicant must include a Facility Site Plan and Map of Surrounding Area

Facility Site Plan.

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

Map of Surrounding Area.

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below.

Required Mapping Information from Updated Site Plan

Date map prepared (dd-mmm-yyyy) 02-FEB-2026	Capacity of single largest propane storage vessel (USWG) 1999
Tank setback coordinates. Indicate placement on the map.	
Front: 54.68 m	Right side property line: 15.0m
Rear: 30.0m	Left side property line: 40.0m
GPS coordinates of single largest vessel: 42.77273, -80.99968	

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Name of person completing this form (please print) <i>John Jorgensen</i>	Official Title <i>GM</i>	
S [REDACTED]	Telephone No. <i>(519) 532-2826</i>	Date (dd-mmm-yyyy) <i>25-Feb-2026</i>



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SECTION C: SUBMISSIONS (cont'd)

Applicant must include a Facility Site Plan and Map of Surrounding Area

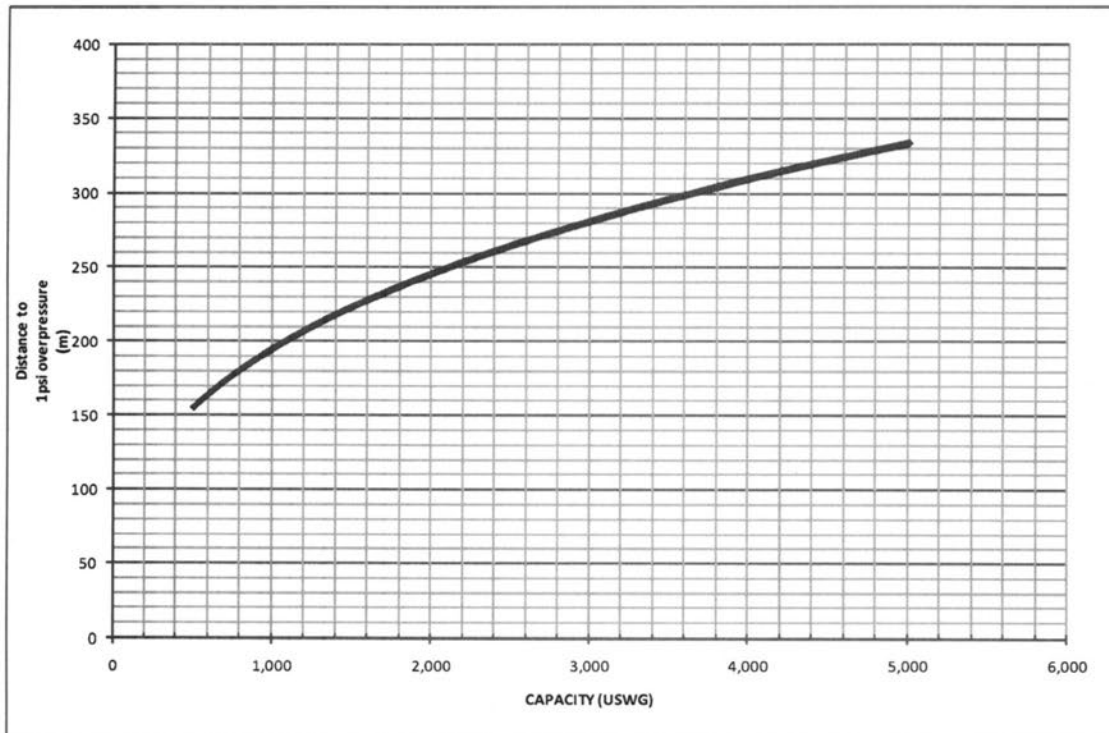
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

Formula: $D = 16.94 \times (1.524 \times C)^{1/3}$
D = Distance to overpressure of 1 psi (meters)
C = Tank Total Capacity in USWG

Parameters: Density of Propane is 0.5033 kg per litre @ 15 C
Assume all vessels are 80% full
1 gallon [US, liquid] = 0.003785411784 cubic meter
1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)





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SECTION C: SUBMISSIONS (cont'd)

Applicant must include a Facility Site Plan and Map of Surrounding Area

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: Rotary Park Address: 14 Lawrence Cres City: Aylmer Province ON Postal Code N5H 2M5	x				860 m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. Name: [REDACTED] Address: [REDACTED] City: [REDACTED]		x		x	67 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: Tim hortons Address: 503 Talbot St. W City: Aylmer Province ON Postal Code N5H 3J3					41 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: Saxonia Hall-German Canadian Club Address: 522 Talbot St West City: Aylmer Province ON Postal Code N5H 2T8		x			90 m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: AgeCare Aylmer Long Term Care Residence Address: 465 Talbot St West City: Aylmer Province ON Postal Code N5H 1L1			x		240 m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: Aylmer Fire Hall Address: 323 John St South City: Aylmer Province ON Postal Code N5H 2E2					1670 m

* For multi-unit buildings, count each unit as "1".

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Name of person completing this form (please print) John Jorgensen	Official Title General Manager
Signature [REDACTED]	Telephone No. 519532-2826
	Date (dd-mmm-yyyy) 25-FEB-2026



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
propanelicensing@tssa.org
www.tssa.org

Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
Propane Storage and Handling Regulation

WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	48	278.4
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity 48			

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity		

Total Cylinder Capacity	48
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	

*Information provided in this application is releasable under the Freedom of Information and Privacy Protection Act and may be disclosed upon request.

Note:

The following fees are applicable only if there are changes to the most recent RSMP submission.

If this RSMP is for a new facility/License Holder Change, RSMP fees are charged as part of the initial application fee and the fees below do not apply.

If there are no changes to the RSMP, no RSMP fees are due.

FEES
(HST Registration No: 891131369)

Select	Service	Fee Type	Fee	HST	Total (Including HST)	Total Fees Due
	Risk Safety Management Plan (RSMP) - Changes to RSMP from prior year's submission					
☐	Bulk Plant & Fill Sites - L1, <5,000 Gallons (includes review)	Flat*	\$ 232.00	\$ 30.16	\$ 262.16	
	Expedited Services**					
☐	Expedited Engineering Services (Additional charge to engineering review per site application)	Flat	\$ 581.00	\$ 75.53	\$ 656.53	

Total Fees Due				
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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

*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.



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Toronto, Ontario M9W 6N9
Customer Service: 1.877.682.8772
Email: customerservices@tssa.org
www.tssa.org

PAYMENT INSTRUCTIONS

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