

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 www.tssa.org

Application for Change of Ownership For Certificate of Inspection

Technical Standards and Safety Act

Boiler and Pressure Vessel Regulations

Please submit completed application and supporting documentation by mail, fax or email (in pdf format)					
Check applicable boxes:	Nuclear	Conventional	Was this facility previously licensed under the Act?	Yes	No
If yes, please provide name of the previous owner:					
Change of Ownership	Effective Da	te:			

TSSA (ID) Registration (please attach separate list, if necessary)	Site Address(s) (Address, City, Province, Postal Code)		

A. OWNER /OPERATOR INFORMATION				
Company Name:		Ontario Corporation No.:		
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:				

B. PROPERTY MANAGEMENT - Complete this section if the building is managed by a property management company (if applicable)				
Company Name:				
Street Name / 911 Number/Addres	s, if applicable:			
Unit/Suite:				
City/Town:		Province:	Postal Code:	
Telephone No.:	Fax No.:		Cell No.:	
Email:		·		
Print Name of Contact Person:				

Important Note: The following information is mandatory in order to process your request

A copy of legal incorporation business name registration documents.

(i.e. Master Business Licence, Certificate of Incorporation, Corporate Profile, limited partnership reports, etc.)

Date (dd-mm-yyyy)	Applicant's Official Capacity	Applicant's Name	Signature