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APPLICATION FOR A BPV INSTALLATION INSPECTION REQUEST FORM

Technical Standards and Safety Act Boilers and Pressure Vessels

Technical Standards and Safety Authority
345 Carlingview Drive
Toronto, Ontario M9W 6N9
Tel: 1-833-937-8772
Email: inspectionscheduling@tssa.org
www.tssa.org

R-0923-V10

Please complete this Request Forn	n and Payment Aเ	ıthorization Form	Fields indicated with ' *	' are MANDATORY		
Inspection of NEWLY Installed or MO	VED New/Used B	oilers or Pressure	Vessels to OBTAIN a Certi	ficate of Inspection (COI)		
* Is request for an Agricultural Site? YES	•		1)			
* Does site Require Bio Security?	NO * Preferred Inspection NO Date(s) & Time	Preferred Inspection Date(s) & Time	2)			
		.,	3)			
*WHO IS COMPLETING THE APPLICATION?	CONTRACTOR	OWNER	DATE CONFIRMED WITH INSP	ECTOR YES NO		
(Who is being billed for the Inspection)	egal Name and Civic Ad		LEGAL NAME & ADDRESS:			
Please	provide your TSSA Acc	ount Number if known	TSSA ACCOUNT:			
* DEVICE OWNER NAME & ADDRESS (Who receives the Certificate of Inspection)	Must be a Civic A	ddress - Not a PO BOX		SAME AS BILLING		
* INSPECTION SITE NAME & ADDRESS (Where is the inspection taking place)	Must be a Civic A	ddress - Not a PO BOX		SAME AS BILLING		
* INSPECTION SITE CONTACT (Who will meet the Inspector) (NAME, PHONE, EMAIL)	Please provide the In	spector's Site Contact	NAME: PHONE: E-MAIL:			
NAME OF DESIGNATED TSSA INSPECTOR	Local Inspector insp	ecting at Site location		UNKNOWN		
* IS SPECIAL SAFETY TRAINING REQUIRED TO ACCESS THE SITE	If "Yes", Please provid	le duration of training	нои	JRS NO		
* IS THERE SPECIAL HEALTH & SAFETY PROTOCOLS REQUIRED TO ENTER THE FACILITY ?		lf "Yes", Please advise				
*Is the facility a Hospital, Long Term C	are Facility, Retire	ement Home or Po	st-Secondary School?	Yes No		
VALIDATION CHECKS		REQ	IRED INFORMATION			
* FEDERAL SITE / RESERVE LAND		DEVICE TYPE	BOILER	PRESSURE VESSEL		
YES NO	Please provide the C	RN & Serial Number	CRN SN	CRN SN		
If site is Federal Site, has a legal contract been	for each Boiler/Pressure Vessel Installed (e.g. A1234.5, A1234.15, A1234.1C) * PICTURE OF NAME PLATE ATTACHED		CRN SN	CRN SN		
established with TSSA? If no contract has been established, please contact legal@tssa.org,			CRN	CRN		
and resubmit inspection request form once established.			SN CRN	SN CRN		
If site is on Reserve Land, please provide written consent from First Nation Chief for	*FIRST DATA REPOR (Complete to the best of		SN CRN SN	SN CRN SN		
permitting a visit from TSSA			CRN	CRN		
IS THIS DEVICE MOVING? YES NO	For missing First Ins		SN CRN	SN CRN		
If yes, please provide the TSSA UID# for each device	requested by your Insurer, please enter TSSA UID# for each device		SN CRN	SN CRN		
			SN CRN	SN CRN SN		
			SN	JIV .		

INSPECTION FEES (HST Registration No: 891131369)										
	(101 registration NO. 001101000)									
	Enter #		Fee				Total (Includi	ıg		Total
Select	Devices	Service	Type		Fee	HST	HST)		Quantity	Fees Due
		First/Installation Inspection (per Device – includes Inspection, 1 Follow-up and Travel)	Flat*	ş	389.00	\$ 50.57	\$ 439	57	x =	
		Expedited Inspection Service** (per Device)								•
		Select this <u>in addition</u> to the above if you would like an expedited								
		inspection. You will receive an additional Invoice at 2x Standard Fee.								
		Total Fees Due								

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

ALL REQUIRED FEES MUST BE PREPAID BY CREDIT CARD, CHEQUE, BANK DRAFT OR MONEY ORDER.

PURCHASE ORDERS ARE NOT ACCEPTED.

ALL FEES ARE NON-REFUNDABLE.

FOR PAYMENT OPTIONS, SEE INCLUDED PAYMENT INSTRUCTION FORM

^{*} FLAT FEE - Includes device inspection, 1 follow-up and travel. All additional follow-up inspections are billed in accordance with the TSSA Fee Schedule

^{**} EXPEDITED SERVICES – Expedited Inspection Service is available and will be charged whenever customer requested work takes the Inspector away from previously scheduled work. Expedited Inspection Service is billed at double the standard fee.



PAYMENT INSTRUCTIONS

TSSA use only	L#	CH#	
WO#			

If paying by cheque, bank draft, money order or wire transfer, 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

If paying by Cheque, Bank Draft, Money Order or Wire transfer complete the following and select payment method:

Name of Applicant/Organization:

Telephone No:

Email Address:

Cheque, Bank Draft or Money Order (payable to Technical Standards and Safety Authority)

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

Wire Transfer

Pay to Bank: TD Canada Trust

Beneficiary: Technical Standards and Safety Authority

Swift: TDOMCATTTOR Account: 05200306317

Please add \$CDN 15.00 to your remittance for bank handling charges for wire transfers. Send a copy of your wire remittance by e-mail to areceivable@tssa.org along with a copy of your application.

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