



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  
E-mail: fssubmissions@tssa.org  
www.tssa.org

# Application for a Variance/Deviation

*Technical Standards and Safety Act*  
Fuels Safety Regulations

Please submit completed application and supporting documentation by mail, fax, or email (in pdf format).	For Office Use Only
Check applicable box(es) <input type="checkbox"/> Bio-Gas <input type="checkbox"/> Digester Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Gasoline <input type="checkbox"/> Landfill <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other _____	
Code: _____ Clause: _____	
Is this a field development project? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Equipment/Appliance/Component involved.		
Make	Model	Serial No.
Reason for request and proposed method of equivalent safety (submit separate letter if required).		

<b>A. OWNER OF APPLIANCE, EQUIPMENT OR INSTALLATION</b>			
Company Name:		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>B. LOCATION ADDRESS</b>			
Same as: <input type="checkbox"/> A (Where appliance/equipment is to be installed/inspected. Note this must be a delivery or fire route address.)			
Company Name:			
Street Name / 911 Number/Address, if applicable:			
Unit/Suite:			
City/Town:	Province:	Postal Code:	
Telephone No.:	Fax No.:	Cell No.:	
Email:			
Print Name of Contact Person:			

<b>C. TECHNICAL CONTACT</b>			
Same as: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D (Company we should communicate with regarding engineering and inspection approval on behalf of the owner.)			
Company Name:			
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:			

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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**Technical Standards and Safety Act**  
Fuels Safety Regulations

Location Address:

## D. INVOICEE

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

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-mmm-yyyy): \_\_\_\_\_

## FEES

(HST Registration No: 891131369)

Select	Service	Fee Type	Fee	HST	Fee (Including 13% HST)	Total Fees Due
	Variance - Noncertified plastic venting per TSSA Advisory FS-101-07 R1	Flat*	\$ 175	22.75	\$ 197.75	
	Variance - Other	Flat*	\$ 1,175	152.75	\$ 1,327.75	
	<b>Expedited Services**</b>					
	<b>Expedited Engineering Services</b> (Additional charge to engineering review per site application)	Flat	\$ 500	65.00	\$ 565.00	
	<b>Expedited Inspection Service</b> (invoiced separately at 2 x standard rates)					

Total Fees Due

**All required fees must be prepaid for application to be processed. Fees are non-refundable.**  
**For payment options, see Payment Authorization Form**

Note: The fees relating to the application for a Variance is in addition to any other required fees

\*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 at the applicable hourly labour rate in ¼ hour increments. All labour rates are per inspector (\$151/hour) or engineer (\$168/hour).

### Expedited Services

Expedited service fees are non-refundable

Expedited services places your application in an expedited service line.

Expedited inspection services (inspection & travel time included in the flat fee, plus any excess hours) will be billed at 2 x the standard inspection rate (\$302 per hour)



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# PAYMENT AUTHORIZATION FORM

## For Office Use Only

SR/Work Order Number:

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](http://www.tssa.org). Please pay by cheque, bank draft or money order payable to **Technical Standards and Safety Authority** or by Visa or Mastercard. The HST Registration No: 891131369

Check the appropriate box to indicate your method of payment

☐ Credit Card  
(complete Section A & B)

☐ Cheque, Bank Draft or Money Order  
☐ (**payable to Technical Standards and Safety Authority**)  
(enclosed & complete Section A)  
Cheque/Bank Draft/Money Order #: \_\_\_\_\_

## SECTION A:

Name of Applicant/Organization:	
Telephone No:	Cell Phone:
Email address:	

## SECTION B

I agree to pay Technical Standards and Safety Authority CAD \$ <input type="text"/> on my credit card for fees related to the application.	Please indicate the type of credit card <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD											
	Credit Card Number: <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of the Card Holder <input type="checkbox"/> Same as applicant	Date    ▶ <table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>		Day	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Day	Month	Year										
<input type="text"/>	<input type="text"/>	<input type="text"/>										
Signature of the Card Holder												

Please note that payment receipts can be requested by calling our Customer Contact Centre at 1.877.682.8772 only after the payment has been processed.

**Dishonored Payments:** A \$35 administration fee will apply for each returned item.