



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

Was this facility previously licensed under the Act? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	PO Box:		
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	License	Total Years	Total Fees Due
			Cylinder Exchange - License	Flat	\$ 165	X	=

Total Reinstatement Fees Due		2
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Value in Box 2 to be entered in TSSA Service Prepayment Portal
 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.