



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Tel: 416.734.3300
 Fax: 416.734.3202
 Customer Service: 1.877.682.8772
 Email: licencingandregistration@tssa.org
 www.tssa.org

Application for an Ontario Licence to Operate a Compressed Gas Refuelling Station - New

*Technical Standards and Safety Act
 Compressed Gas Regulation*

| | | | | | | | | | |
|--|---|--|--|--|---------------------------------------|---|--|--|--|
| Please submit completed application along with payment of fees and supporting documentation by mail, fax, or e-mail (in pdf format). | For Office Use Only | | | | | | | | |
| Check applicable box(es) <table style="margin-left: 20px; width: 80%;"> <tr> <td><input type="checkbox"/> Retail Private</td> <td><input type="checkbox"/> Natural Gas Hydrogen</td> <td><input type="checkbox"/> Full-Serve Self-Serve</td> <td><input type="checkbox"/> Fast-Fill Slow-Fill</td> </tr> <tr> <td><input type="checkbox"/> Key/Cardlock</td> <td><input type="checkbox"/> VRA Commercial</td> <td colspan="2"></td> </tr> </table> | <input type="checkbox"/> Retail Private | <input type="checkbox"/> Natural Gas Hydrogen | <input type="checkbox"/> Full-Serve Self-Serve | <input type="checkbox"/> Fast-Fill Slow-Fill | <input type="checkbox"/> Key/Cardlock | <input type="checkbox"/> VRA Commercial | | | |
| <input type="checkbox"/> Retail Private | <input type="checkbox"/> Natural Gas Hydrogen | <input type="checkbox"/> Full-Serve Self-Serve | <input type="checkbox"/> Fast-Fill Slow-Fill | | | | | | |
| <input type="checkbox"/> Key/Cardlock | <input type="checkbox"/> VRA Commercial | | | | | | | | |
| Required Documentation: 3 copies of plans. | | | | | | | | | |

| | |
|---|----------------|
| 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

| | | | |
|--|------------------------------------|--------------|--|
| Company Name: Ontario Corporation No., if applicable | | | |
| 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: _____ | | |

B. FACILITY LOCATION Same as: A

(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.: | |
| E-mail: | | | |
| Print Name of Contact Person: | | | |

C. TECHNICAL CONTACT Same as: A B 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.: | |
| 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: <input type="checkbox"/> A | |
| (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-mm-yyyy): _____

FEES
 (HST Registration No: 891131369)

| Select | Service | Fee Type | Service Fee | License Fee | HST on Service Fee | Total (Including HST) | Total Fees Due |
|--------|---|----------|-------------|-------------|--------------------|-----------------------|----------------|
| | New Facility (includes engineering, initial & 1 follow-up inspection and travel) - up to 8 engineering hours and 8 inspection hours included | Minimum* | \$ 2,539.50 | \$ 341.00 | \$ 330.14 | \$ 3,210.64 | |
| | Expedited Services** | | | | | | |
| | Expedited Engineering Services (Additional charge to engineering review per site application) | Flat | \$ 533.50 | \$ - | \$ 69.36 | \$ 602.86 | |
| | Expedited Inspection Service (invoiced separately at 2 x standard rates) | | | | | | |

| | | | | | |
|-----------------------|--|----------|----------|--|--|
| Total Fees Due | | | | | |
| | | 1 | 2 | | |

If paying by credit card, amounts in Boxes 1 and 2 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

*All minimum fees include specified hours. Excess time above the specified included hours 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
 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.

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.



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PAYMENT INSTRUCTIONS

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

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)

<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