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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 Field Approval of Appliances or Equipment

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		
ricase submit completed application and supporting documentation by mail, rax, or email (III put format).						
Check applicable box(es)						
Digester Gas Natural Gas						
	Other					
	Bill of Materials	Schomotio				
		n / P&ID Drawing(s)				
Type of Appliance/Equipment:			Mobile	e Appliance		
Manufactured by:		No. of Units:				
Model:		Serial No.(s):				
Main Supply Pressure:						
Maximum Input:			linimum Input:			
Burner/Manifold Operating Pressure:						
A. OWNER OF APPLIANCE OR EQUIPMENT	г					
Company Name:						
Corporation Number/Business Identification Nu	imber:					
Street Name / 911 Number/Address, if applicab	le:					
Unit/Suite:	PO Box:					
City/Town:		Province:		Postal Code:		
Telephone No.:	Fax No.:	Cell No.:	Email:			
Print Name of Contact Person:						
B. LOCATION ADDRESS						
(Where appliance/equipment is to be installed	ame as: A ed/inspected. Note this must be a c	lelivery or fire route addre	ess.)			
Company Name:						
Street Name / 911 Number/Address, if applicab	le:					
Unit/Suite:						
City/Town:		Province:		Postal Code:		
Telephone No.:	Fax No.:		Cell No.:			
Email:						
Print Name of Contact Person:						
C. TECHNICAL CONTACT Sa (Company we should communicate with reg	Ime as: A B D arding engineering and inspection	approval on behalf of the	e owner.)			
Company Name:						
Street Name / 911 Number/Address, if applicable	le:					
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.



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Location Address:

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. Deposit Payment Method Deposit of \$641.84 (13% HST included) must accompany each application. Invoice will only be issued for the amount billed over and above the deposit. HST Registration No.: 891131369 Purchase Order No Purchase Order number will be reflected on invoices and TSSA will not enter into any purchasing agreements. Cheque or money order enclosed. Please make payable to: Technical Standards and Safety Authority Charge my credit card: VISA MASTERCARD	D. INVOICEE							
Street Name / 911 Number/Address, if applicable: Unit/Suite: Unit/Suite: Point No: Province: Pax No.: Province: Postal Code: Postal Code: Pax No.: Cell No.: Enail: Print Name of Contact Person: Date of Application (stammayyy): FEES FOR ENGINEERING REVIEW AND INSPECTION Check box to request type of service. FEES FOR ENGINEERING REVIEW AND INSPECTION Check box to request type of service. Fees 133.06 (13%: H5T included) per hour for engineering review and \$164.98 (13%: H5T included per hour inspection services. Fee: 2 x Standard For: 510.00 working days for engineering review and \$164.98 (13%: H5T included per hour inspection services. Fee: 2 x Standard feer of engineering review and inspection services. Fee: 2 x Standard feer or engineering review and inspection services. Fee: 2 x Standard feer or engineering review and inspection services. Fee: 2 x Standard feer or engineering review and inspection services. Fee: 2 x Standard feer or engineering review and inspection services. Fee: 2 x Standard feer or engineering review and inspection services. Fee: 2 x Standard feer or engineering review and inspection services. 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 relusal 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, approval or relusal 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 defence or settement of such claims. Failure to comply with any of the terms and conditions of the approval works the approval. Fees 2 x Standard fee the deposit. Here the defence or settement of such claims. Failure to comply with any of the terms and conditions of the approval works the approval. Fees 2 x Standard fee the deposit. Here the deposit. Sette	(Company responsible for fees invoiced for approv	al including engineering and ir	spection fees.)					
UnitSuite: PO Box: Province: Postal Code: Postal Code: Cell No.: Evaluation of the second contact Person: Cell No.: Evaluation of Contact Person: Signature of Contact Person: Evaluation (dd-mmr/yyy): Evaluation (dd-mmr/yyy): Evaluation of the second	Company Name:							
CitlyTown: Province: Pestal Code: Telephone No: Eax No: Cell No.: Email: Print Name of Contact Person: Signature of Contact Person: Date of Application (sd-mmm-yyyy):	Street Name / 911 Number/Address, if applicable:							
Telephone No.: Fax No.: Cell No.: Email:	Unit/Suite:	PO Box:						
Email:	City/Town:		Province:		Postal Code:			
Print Name of Contact Person: Signature of Contact Person: Date of Application (dd-mmeryyy):	Telephone No.:	Fax No.:		Cell No.:				
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Control EEES FOR ENGINEERING REVIEW AND INSPECTION Check box to request type of service:	Print Name of Contact Person:	Signature of Contact Person:						
Pegular Service: 20-30 working days for engineering and inspection services. Standard Fee: \$183.06 (13% HST included) per hour for engineering review and \$164.98 (13% HST included per hour inspection services. Push Engineering Service Only: 5 to 10 working days. Fee: 2 x Standard fee for engineering review. Push Engineering and Inspection Services: 5 to 10 working days for each service. Fee: 2 x Standard fee for engineering review and inspection services. 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 behalt 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. Deposit Payment Method Deposit of \$641.84 (13% HST included) must accompany each application. Invoice will only be issued for the amount billed over and above the deposit. HST Registration No.: 891131369 Purchase Order No Purchase Order number will be reflected on invoices and TSSA will not enter into any purchasing agreements. Card No Purchase Order number will be reflected on invoices and TSSA will not enter into any purchasing agreements. Review or money order enclosed. Please make payable to: Technical Standards and Safety Authority Card No Purchase Order number will be reflected on invoices and TSSA will not enter into any purchasing agreements. Review or money order enclosed. Please make payable to: Technical Standards and Safety Authority Card No Purchase Order number will be reflected on invoices and TSSA will not enter in		OR ENGINEERING REV	VIEW AND INSPE	CTION				
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Name of Card Holder Telephone No First Name Last Name Date (dd-mmm-yyyy)	Charge my credit card: VISA MA	STERCARD		M	onth Year			
First Name Last Name Signature of Card Holder X	Card No.		E	xpiry Date				
First Name Last Name Signature of Card Holder X	Name of Card Holder		т	elephone No				
(dd-mmm-yyyy)	First Na	me Last Name	'					
(dd-mmm-yyyy)	Signature of Card Holder X		I	Date				
	-				(dd-mmm-yyyy)			