



Technical Standards and Safety Authority

www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto ON M8X 2X4
Tel.: 416.734.3348
Fax: 416.231.7525
Customer Service: 1.877.682.8772
E-mail: fsubmissions@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 e-mail (in pdf format).	For Office Use Only
Check applicable box(es) <input type="checkbox"/> Bio-Gas <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane <input type="checkbox"/> Digester Gas <input type="checkbox"/> Landfill <input type="checkbox"/> Other _____ <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Natural Gas	
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).		

A. OWNER OF APPLIANCE, EQUIPMENT OR INSTALLATION			
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. LOCATION ADDRESS 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.:	
E-mail:			
Print Name of Contact Person:			

C. TECHNICAL CONTACT 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:			
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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Location Address:

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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 FOR ENGINEERING REVIEW AND INSPECTION

Check box to request type of service.

Regular Service: 20-30 working days for engineering and inspection services.
Standard Fee: \$169.50 (13% HST included) per hour for engineering review and inspection services.

Rush Engineering Service Only: 5 to 10 working days.
Fee: 2 x Standard fee for engineering review.

Rush 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 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 \$593.25 (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

Cheque or money order enclosed. Please make payable to: **Technical Standards and Safety Authority**

Charge my credit card: VISA MASTERCARD

Card No.

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Expiry Date

Month	Year

Name of Card Holder _____ Telephone No. _____
First Name Last Name

Signature of Card Holder **X** _____ Date _____
(dd-mm-yyyy)

Payment Receipts can be requested by calling our Customer Contact Centre at 1.877.682.8772 only after the payment has been processed.

Purchase Order No. _____ Purchase Order number will be reflected on invoices and TSSA will not enter into any purchasing agreements.