



Technical Standards and Safety Authority

www.tssa.org

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 Customer Service: 1.877.682.8772
 E-mail: intake@tssa.org

Application for Registration in Ontario as a Contractor

Technical Standards and Safety Act

		For Office Use Only
Name of Company:	Corporation/Business No.	
Name of Person:		
E-mail:		
Have you been previously registered as a contractor? <input type="checkbox"/> Yes Registration No.: _____ <input type="checkbox"/> No		

A. Complete Mailing Address

Street No.:	Street Name:		
Unit/Suite:			
City/Town:	Province:	Postal Code:	
Telephone No.:	Fax No.:	Cell No.:	
If you are a fuels certificate holder, provide the Certificate No.			

B. If your business location address is different from your mailing address, please complete this section.

Street No.:	Street Name:		
Unit/Suite:			
City/Town:	Province:	Postal Code:	
Telephone No.:	Fax No.:	Cell No.:	

<p>1. Type(s) of work - Check appropriate box(es)</p> <p>a) <input type="checkbox"/> Heating Fuels Contractor \$478.40 (13% HST Included)</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Fuel oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Vapour <input type="checkbox"/> Liquid Propane </p> <p>b) <input type="checkbox"/> Petroleum Contractor \$478.40 (13% HST Included)</p> <p>c) <input type="checkbox"/> Natural Gas Motor Fuel \$478.40 (13% HST Included)</p>	<p style="text-align: center;">NOTES</p> <p>1. It is mandatory to apply for separate registrations, according to the applicant's type of work, classified as a), b), or c).</p> <p>2. This fee includes pro-rated portion of an audit inspection completed once over a three-year cycle.</p> <p>3. A contractor pre-registration inspection must be performed and will be billed separately to complete the registration process.</p> <p style="text-align: center;">For details on TSSA's fee schedule, please visit www.tssa.org</p>
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You are required by law to notify TSSA of any change of information.
 The information is collected under the authority of Ontario's Technical Standards and Safety Act.

I have read the Act under which I am applying for registration and understand my duties and obligations, as they apply to me and my employees. I certify that the information I have provided in this application is true.

Name of the Owner/Operator (Print)	Signature	Date (dd-mmm-yyyy)
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Payment: Submit fee (non-refundable) for each type of registration. See NOTES section above.

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-mmm-yyyy)