



Technical Standards and Safety Authority

Web site: www.tssa.org

# Application for an Ontario Licence to Operate a Propane Cylinder Handling Facility, Container Refill Centre or a Filling Plant

## Technical Standards and Safety Act Propane Storage and Handling Regulation

Please print firmly with a ball point pen.  
Failure to fully complete this form may result in rejection.  
Making a false statement may result in a fine or prosecution.

Check applicable box(es)

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Private    | <input type="checkbox"/> New                      | <input type="checkbox"/> Change of Supplier  |
| <input type="checkbox"/> Retail     | <input type="checkbox"/> Addition                 | <input type="checkbox"/> Cylinder Handling Facility                                  |
| <input type="checkbox"/> Attended   | <input type="checkbox"/> Alteration               | <input type="checkbox"/> Container Refill Centre                                     |
| <input type="checkbox"/> Unattended | <input type="checkbox"/> Change of Licence Holder | <input type="checkbox"/> Filling Plant   |
|                                     |   | <input type="checkbox"/> Cylinder Exchange. No drawings. Municipal approval required |

### For Office Use Only

Licence Number

Type

S/Type

Application Fee (nonrefundable) \$.....

Make cheque or money order payable to:  
Technical Standards and Safety Authority

Mail payment along with this completed application, a municipal letter or building permit and 3 copies of plans to:  
Direct enquiries to:

**Technical Standards and Safety Authority**  
4th Floor - West Tower  
3300 Bloor Street West  
Toronto, Ontario M8X 2X4

The Undersigned applies to TSSA for a licence under Ontario's *Technical Standards and Safety Act*,  
Propane Storage and Handling Regulation.

(IND/ORG) ID

Firm Name

Ontario Corp. #, if applicable

**A**

E-mail Address

### For Office Use Only

SENT TO ACCTS. REC.

DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_  
TSSA

Area Code

Telephone No.

Contact Person

**B**

Street No.

Street Name, P.O. Box No., etc.

Town / City or Township / County

Province

Postal Code

Mailing Address

### Information on Cylinder Handling Facility, Container Refill Centre or Filling Plant

Location of premises to be licensed

Street No.

Street Name, Lot / Concession No.

**C**

Town / City or Township / County

Province

Postal Code

Supplier

(IND/ORG) ID

**D**

Street No.

Street Name, Lot / Concession No.

Town / City or Township / County

Province

Postal Code

Was this facility previously licensed under the Act?  Yes  No

Licence Number

Total Storage Capacity

In U.S. Water Gallons

If 'yes', provide name of previous owner \_\_\_\_\_

Persons employed that hold a required certificate or Record of Training.  
Add an additional sheet if insufficient space.

Name

Certificate Number

Certificate Number

Application is valid for 12 months from date received by TSSA. You are required by law to notify TSSA of any change of information.

I certify that the above information is true.

Year Month Day

Print name of Owner/Operator \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_