



Technical Standards and Safety Authority  
 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
 Tel: 416.734.3300  
 Fax: 416.234.9169  
 Customer Service: 1.877.682.8772  
 www.tssa.org

**Application for an Ontario Certificate of Authorization**  
**For businesses based Outside Ontario**  
**CSA N285.0 Nuclear Components**  
*Technical Standards and Safety Act*  
 Boilers and Pressure Vessels Regulation

On completion, send this form to the attention of Boilers and Pressure Vessels Safety at the top left TSSA address.

**Company:** \_\_\_\_\_  
 (Legal Company Name and Corporation No.)

**Division:** \_\_\_\_\_  
 (If required)

**Facility Address:** \_\_\_\_\_  
 (Including street, city, state, country, postal / zip code)

**Billing Address:** \_\_\_\_\_  
 (If different from Facility Address)

Nuclear Class (Check all applicable)	<input type="checkbox"/> 1 <input type="checkbox"/> 1C <input type="checkbox"/> 2 <input type="checkbox"/> 2C <input type="checkbox"/> 3 <input type="checkbox"/> 3C <input type="checkbox"/> 4
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**Code Effective Date:**  
 CSA N285.0 Edition \_\_\_\_\_ Update \_\_\_\_\_ and ASME Edition \_\_\_\_\_ Addenda \_\_\_\_\_

This application is for (Check all applicable):

<input type="checkbox"/> Shop	<input type="checkbox"/> Field Sites Certified by TSSA (All current locations to be listed on page 3)	<input type="checkbox"/> New Certificate
<input type="checkbox"/> Renewal Certificate		

If renewal: Current certificate number(s) \_\_\_\_\_

Expiration date(s) \_\_\_\_\_

**Type of Certificate of Authorization for which application is being made (check all applicable):**

Nuclear Certificate Type	Certificates Scope
<input type="checkbox"/> Nuclear Components: (N Type)	<input type="checkbox"/> Vessels <input type="checkbox"/> Piping Systems <input type="checkbox"/> Storage Tanks <input type="checkbox"/> Pumps <input type="checkbox"/> Line Valves (Cat. C Fittings)  <input type="checkbox"/> Subcontracting Type only for which overall responsibility is retained and for which all fabrication and installation is subcontracted to other appropriate certificate of authorization holders
<input type="checkbox"/> Nuclear Pressure Relief (NV Type) Requires design capability (Fitting Category G)	<input type="checkbox"/> Pressure Relief Valves <input type="checkbox"/> Rupture Discs
<input type="checkbox"/> Nuclear Parts: (NPT Type)	<input type="checkbox"/> Part <input type="checkbox"/> Piping Subassembly <input type="checkbox"/> Tubular Products Welded with Filler Metal  <input type="checkbox"/> With Design Responsibility <input type="checkbox"/> Without Design Responsibility



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<input type="checkbox"/> Nuclear Supports: (NS Type)	<input type="checkbox"/> With Design Responsibility <input type="checkbox"/> Without Design Responsibility  <input type="checkbox"/> Standard <input type="checkbox"/> Non-standard  <input type="checkbox"/> Welded <input type="checkbox"/> Non-Welded
<input type="checkbox"/> Nuclear Assembly: (NA Type)	<input type="checkbox"/> Field Installation limited to field sites defined in the Quality Assurance Manual  <input type="checkbox"/> Shop Assembly
<input type="checkbox"/> Nuclear Fittings  CSA standard seamless fittings, except for Category "C & G", may be treated as material Manufacture or Supply. If CSA standard Fittings are to be treated as material, complete the Application for Metallic Material Organizations in addition to this application form	<b>Category</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> H  <input type="checkbox"/> Standard Fitting to a material & dimensional standard  <input type="checkbox"/> Seamless <input type="checkbox"/> Welded Without Filler Metal  <input type="checkbox"/> Non-Welded <input type="checkbox"/> Non-standard <input type="checkbox"/> Welded With Filler Metal  <input type="checkbox"/> With Design Responsibility <input type="checkbox"/> Without Design Responsibility
<input type="checkbox"/> Nuclear Repair and Modification	<input type="checkbox"/> Repair <input type="checkbox"/> Modification <input type="checkbox"/> Welded <input type="checkbox"/> Non-Welded
<input type="checkbox"/> Nuclear Pressure Relief Valve Repair Only	<b>Special Processes:</b> <input type="checkbox"/> Machining <input type="checkbox"/> Welding <input type="checkbox"/> Heat Treatment  <b>Test Media:</b> <input type="checkbox"/> Steam <input type="checkbox"/> Air/Gas <input type="checkbox"/> Liquid

**Nuclear Certificate Scope Addition** (check all applicable):

<input type="checkbox"/> Add Material Manufacture or Material Supply activities to this Program. Not applicable to N Type Subcontracting. (Complete the Application for Metallic Material Organizations in addition to this application form)
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**Subcontracted Activities** (Identify the activities that are intended to be subcontracted - check all applicable):

<input type="checkbox"/> Design	<input type="checkbox"/> Examination (NDE)	<input type="checkbox"/> Auditing	<input type="checkbox"/> Welding	<input type="checkbox"/> Heat Treatment
<input type="checkbox"/> Fabrication	<input type="checkbox"/> Material Testing	<input type="checkbox"/> Calibration	<input type="checkbox"/> Installation	<input type="checkbox"/> Testing (Proof, Hydro, etc.)
<input type="checkbox"/> Others _____				

**Corporate Certificates**

<input type="checkbox"/> Corporate Certificate	<input type="checkbox"/> Yes  <input type="checkbox"/> Corporate certificate extension for certificate number(s) _____ _____
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**Additional Activities Performed at Other Locations** (attach additional sheets if required):

Location	Activity

Name of Authorized Inspection Agency (AIA) of Record \_\_\_\_\_

Do you have a signed Inspection Services Agreement with the above listed AIA?  YES  NO

Company Abbreviation (if used on nameplate or stamping): \_\_\_\_\_

**FEES:**

**A Pro-Forma Quote will be prepared once the application is received and the full amount of the quoted deposit will need to be received prior to booking the Survey.**

Description	Deposit Required	Amount Submitted
<b>CSA N285.0 Nuclear Components</b> (All Nuclear Surveys except Metallic Material Organization)	As per quote*	



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**CANCELLATION / POSTPONEMENT FEES:**

Cancellation or postponement, by an applicant, of a scheduled N285.0 Nuclear Survey, which occurs 30 working days or less from the agreed site implementation Survey date, will be invoiced as follows: The cancellation fee and any related additional travel costs, plus applicable taxes will be deducted from the Survey fee deposit. The applicant will be invoiced for the outstanding balance upon completion of the Survey.

- Nuclear Component Survey cancellation or postponement fee **\$1920.00\***

**NOTES:**

- 1) Total Survey charges mentioned in the above quote will include deposit amount, plus hourly billing for Survey and travel time at the quoted inspection rate, plus travel expenses for the Team Leader and Quality Assessment Specialist.
- 2) Any Extra time for Team leader & Quality Assessment Specialist due to additional locations & follow-ups will be billed per quoted inspection rate.
- 3) Time for Pre-survey is not included in above quote & will be billed separately per quoted inspection rate.
- 4) Please note that the AIA Authorized Nuclear Inspector and Authorized Nuclear Inspector Supervisor should be present at the audit and the Applicant is required to arrange attendance and cover any related costs.
- 5) The following activities related to the Survey such as: Quality Manual reviews and/or pre-reviews, meetings and/or consultations, pre-survey inspections (and/or site visits), and post-survey follow-ups (site visits and/or document review) will be billed at the quoted inspection rate.
- 6) Time in excess of 8 hours per day will be billed at the overtime rate (1.5 times hourly inspection rate in effect at the time of the Survey), per TSSA Survey team member.
- 7) Each Certificate of Authorization will be invoiced at a cost of **\$94.00 per certificate**, upon completion of a successful Survey
- 8) \*13% HST is applicable to the Survey fee, hourly inspections billing, and cancellation/postponement fees.
- 9) Applications for each of the following certificate programs requires a separate quality program implementation demonstration, on a demonstration item or production work in progress, to show all aspects of the program applied for, in current operation to a TSSA survey team. Applicants should ensure that the written program is **accepted by Authorized Nuclear Inspector Supervisor** and fully implemented at each location before requesting TSSA to perform a survey.
  - a. Each location street address for which a nuclear construction or fabrication certificate of authorization is requested (e.g. N, NV, NPT, NA, NS type certificates, including "N Subcontracting" type)
  - b. All supporting location addresses where procurement, QA and/or engineering activities are being controlled, managed and administered; including those support activities performed at sites other than the main certificate holder location street address.
  - c. For each shop location street address that wishes to include nuclear Material Supply or Material Manufacture including material warehousing, secure storage, and quarantine capabilities; the addition of each of the following activities shall be individually documented in the manual with implementation of the program controls satisfactorily demonstrated by the applicant, before they can be included in a certificate.:
    - i. "Shipment of Material from Qualified Material Organizations to other parties";
    - ii. "Qualification of Non-certified Material Organizations";
    - iii. "Utilization of Unqualified Source Material";
    - iv. "Approval and Control of Suppliers"
- 10) Please complete the recommendations list to assist with accommodations.
  - a. Suggested Hotel: \_\_\_\_\_
  - b. Closest airport: \_\_\_\_\_

Please state if the Applicant will be directly paying for the above fees.



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By signature below and as a part of TSSA accreditation, the applicant accepts all conditions related to the issue and Use of each Certificate of Authorization provided by TSSA and agrees to unannounced TSSA surveys of the program at TSSA's discretion.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be signed by a Senior Company Officer or Designee)