

Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9

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Customer Service: 1.877.682.8772 Email: licencingandregistration@tssa.org

www.tssa.org

Failure to fully complete this form may result in rejection.

Making a false statement may result in a fine.

Application for Reinstatement of an Ontario Licence to Transmit Natural Gas by Pipeline

Technical Standards and Safety ActOil and Gas Pipeline Systems Regulation

For Office Use Only	
Licence Number	

New unit of measure calculated as a product of pipeline length in kilometres multiplied by the pipe diameter in inches of the line system.

Loops are counted as separate lines. For licensing purposes, the length of the transmission pipeline system is the one preceding the year in which this application is made.

The Undersigned applies to TSSA for a Licence to Transmit Natural Gas by Pipeline under Ontario's <i>Technical Standards and Safety Act</i> , Oil and Gas Pipeline Systems Regulation.								
	Company Name		Corporation Number					
A	E-mail Address							
	Telephone No. Contact Person							
B	Street No. Street Name / 911 Number/Address	if applicable						
Mailing Address	Town / City or Township / County	Province	Postal Code					

FEES*

Enter # of Years Operating Without a License	Current Year	Total Years	Transmission Pipelines	Fee Type	Fee	Total Years			Total Fees Due
			Gas Transmission Pipeline - <100	Flat	\$ 3,921.00	X		=	
			Gas Transmission Pipeline - 100 to <1,000	Flat	\$ 22,408.00	X		=	
			Gas Transmission Pipeline - ≥1,000	Flat	\$ 78,427.50	X		=	

Total Reinstatement Fees Due

Value in Box 2 to be entered in TSSA Service Prepayment Portal

Click here to access TSSA Service Prepayment Portal

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All required fees must be prepaid for application to be processed. Fees are non-refundable.

*Note: Engineering and/or Inspection services may be required to reinstate the license/ registration and will be billed as a separate fee

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				