



Technical Standards and Safety Authority  
 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
 Tel: 416.734.3300  
 Fax: 416.734.3202  
 Customer Service: 1.877.682.8772  
 Email: licencingandregistration@tssa.org  
 www.tssa.org

# Application for Reinstatement of an Ontario Licence to Operate a Compressed Gas Refuelling Station

*Technical Standards and Safety Act*  
 Compressed Gas Regulation

Please submit completed application along with payment of fees and supporting documentation by mail, fax, or e-mail (in pdf format).	For Office Use Only								
Check applicable box(es) <table style="margin-left: 20px; width: 80%;"> <tr> <td><input type="checkbox"/> Retail Private</td> <td><input type="checkbox"/> Natural Gas Hydrogen</td> <td><input type="checkbox"/> Full-Serve Self-Serve</td> <td><input type="checkbox"/> Fast-Fill Slow-Fill</td> </tr> <tr> <td><input type="checkbox"/> Key/Cardlock</td> <td><input type="checkbox"/> VRA Commercial</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Retail Private	<input type="checkbox"/> Natural Gas Hydrogen	<input type="checkbox"/> Full-Serve Self-Serve	<input type="checkbox"/> Fast-Fill Slow-Fill	<input type="checkbox"/> Key/Cardlock	<input type="checkbox"/> VRA Commercial			
<input type="checkbox"/> Retail Private	<input type="checkbox"/> Natural Gas Hydrogen	<input type="checkbox"/> Full-Serve Self-Serve	<input type="checkbox"/> Fast-Fill Slow-Fill						
<input type="checkbox"/> Key/Cardlock	<input type="checkbox"/> VRA Commercial								
<b>Required Documentation:</b> 3 copies of plans.									

Was this facility previously licensed under the Act? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', provide name of previous owner	Licence Number
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### A. LICENCE HOLDER INFORMATION

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. FACILITY LOCATION Same as: A

(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: A B 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:	PO Box:		
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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Facility Address:

<b>D. INVOICEE</b>		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\***

(HST Registration No: 891131369)

Enter # of Years Operating Without a License	Current Year	Total Years	License	Fee Type	License Fee	Total Years		Total Fees Due
			Refuelling Station	Flat	\$ 358.00	x	=	

<b>Total Reinstatement Fees Due</b>	
Value in Box 2 to be entered in TSSA Service Prepayment Portal	<b>2</b>

Click here to access [TSSA Service Prepayment Portal](#)

**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**

**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.