

Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario, M9W 6N9 Tel: 416.734.3300 Fax No: 416.234.9169 Customer Service: 1.877.682.8772 Application for Alternate Rules and Changes to Previous Submissions

Technical Standards and Safety Act
Operating Engineers Regulation

Path 1-Changes to Previously Submitted Application

Email: operatingengineers@tssa.org www.tssa.org

The undersigned user of the indicated plant hereby applies

Alternate Rules Path 2 Path 2-Changes to Previously Submitted RSMP for: Select the Type of Plant Registration Please refer to OE Plant Registration Fee Details on Page 2 of the application form: Owner/Licensee Information: Business Plant User Name Type Person Corporation/Business Identification No: Plant User Name: (if plant user is Business) Pease provide Primary address in the fields provided below Street No: Unit/Suite: Street Name: City/Town: Province: Postal Code: Email: Primary Phone: Mobile Business ☐ Home Fax No: **Primary Contact Information** Name of Contact: Email: Primary Phone: Mobile Business ☐ Home Fax No: If your mailing address is different from your primary address, please complete this section Street No: Street Name: Unit/Suite: Email: Province: Postal Code: City/Town: Invoicing Option: Mail ☐ Email Plant Information Please provide complete Plant location in the fields provided below Street Name: Unit/Suite: Street No: Province: Postal/Zip Code: Email: City/Town: Bus. Telephone No: Fax No: Plant Known As: Plant Type Classification: Plant Registration Number: Plant Function: Guarded Control: ☐Yes ☐ No **Guarded Control Tested Date:** Additional Pre-Requisites (Link for Plant Equipment List) ☐ Please attach Plant Equipment List Please attach Risk Safety Mgt Plan (required for Path 2)

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

Declaration: I have read the Act under which I am applying for Plant Registration and understand my duties and obligations, as they apply to me and my

Applicant's Title:

Date:

Alternate Rules Path 1

Applicant Name:

Applicant's Signature

employees. I certify that the information I have provided in this application is true.

Safety Act.

TSSA FOR ALTHORIT

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Please provide Plant User Name (must match page 1): _	
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PLEASE COMPLETE FOR PAYMENTS:

FEES

(HST Registration No: 891131369)

		Fac			HET	Total	Total
		Fee			HST	(Including	
Select	Service	Type	Review	Registration	on Review	HST)	Fees Due
	ALTERNATE RULES - PATH 1 (per plant)						
	Review (includes up to 8.5 hours)	Minimum*	\$ 1,714.50	\$ 168.00	\$ 222.89	\$ 2,105.39	
	Changes to previously submitted application (includes up to 4						
	hours)	Minimum*	\$ 857.50	\$ 168.00	\$ 111.48	\$ 1,136.98	
	ALTERNATE RULES - PATH 2 (per plant)						
	RSMP review - Initial (includes up to 30 hours)	Minimum*	\$ 6,136.00	\$ 168.00	\$ 797.68	\$ 7,101.68	
	RSMP review - changes to previously submitted RSMP (includes up to 15 hours)	Minimum*	\$ 3,068.50	\$ 168.00	\$ 398.91	\$ 3,635.41	

Total Fees Due				
	1	2		

If paying by credit card, amount in Box 1 to be entered in TSSA Service Prepayment Portal

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

For payment options, see Payment Instructions

*All minimum fees include specified hours. Excess time above the specified included hours will be billed in 1/4 hour increments at the applicable hourly labour rate based on TSSA's posted fee schedule.



PAYMENT INSTRUCTIONS

TSSA use only	L#	CH#	
WO #			

If paying by cheque, bank draft, money order, this form must accompany all applications submitted to TSSA. A separate payment form is required for each application. Please refer to our fee schedule posted on our website www.tssa.org. HST Registration No: 891131369.

Payment Options:

Credit Card - Click link below

TSSA Service Prepayment Portal

https://forms.tssa.org/Payments/Service-Prepayment-Portal

Cheque, Bank Draft or Money Order (payable to Technical Standards and Safety Authority)

Name of Applicant/Organization: Telephone No:	
Email Address:	
Cheque/Bank Draft/Money Order #:	

Mail payment along with a copy of your application to:

Attention: Accounts Receivable Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9

If a copy of the application is not submitted with your payment, this will delay the processing of the application.

Dishonored Payments: A \$35 administration fee will apply for each returned item