



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Fax: 416.231.4903
 Customer Service: 1.877.682.8772
 E-mail: certandexams@tssa.org
 www.tssa.org

**Application for National Board Examination and
 Certificate of Competency Examination and Certification**
Technical Standards and Safety Act
 Boilers and Pressure Vessels Regulation

Full Name of Applicant Last Name		First Name	Middle Name
Street No.	Street Name		
City		Province	Postal Code
Date of Birth: Day Month Year	Current Certificate No. (if applicable)	Service Request No. (if applicable)	
Telephone No. Daytime (work)	Cell No.	E-mail	

Name of Employer

Street No.	Street Name		
City		Province	Postal Code

Please check (√) appropriate examination: National Board Exam Certificate of Competency
 Inservice Commission (IC)
 New Construction "A" Endorsement (Re-write)

NOTE: The National Board requirements must be met before writing the Certificate of Competency Examination.

FEES

Select	Service	Fee Type	Exam/ Certificate	Total Fees Due
	National Board Commission Examination	Flat	288.00	
	Competency Examination and Certification processing (Ontario Supplementary Examination - \$117.50 and Certificate of Competence - \$96.50)	Flat	214.00	
	Certification Fee	Flat	96.50	

Total Fees Due		
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2

If paying by credit card, amount in Box 2 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

If this is a re-write, please indicate how many times. First Second Third Other: _____

Date of Examination/Time: _____ (Day) _____ (Month) _____ (Year) Location (City): _____

Applicant Name (Please print)	Signature	Date (dd-mmm-yyyy)
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This certification and examination application is valid for a period of 6 months from the above date.

CERTIFICATE OF COMPETENCY CERTIFICATION

(To be completed by employer for Certificate of Competency Certification only)

Employer's Name: _____

Address: _____

The above named company is submitting this application under the **Technical Standards and Safety Act, 2000**, and the Boilers and Pressure Vessels Regulation for Certificate of Competency Certification for _____, to act as a boiler and pressure vessel inspector. Name

Inspector's Home Address: _____

We have reviewed the candidate's credentials and confirm that he/she meets the eligibility requirements per Subsection 12 (3) of the Boilers & Pressure Vessels Regulation.

The applicant holds a valid National Board Commission, No. _____, issued on _____, copy enclosed; or written confirmation of a pass mark in the National Board Examination, copy enclosed. (dd-mmm-yyyy)

In support of this application, we have attached copies of the following documents testifying to the inspector's education and/or experience in accordance with Subsection 12 (4) (c) of the Boilers and Pressure Vessels Regulation.

- National Board Examination Confirmation Letter Resume

Technical Education (Attach Copies)

School	Location	From	To	Subjects Studied

Certificates, Diplomas or Degrees Awarded (Attach Copies)

Certificate, Diploma, Degree	Granted By:	Year

Practical Experience: give details of relevant technical experience associated with boilers and pressure vessel in the following categories:

- Engineering, design or design registration of boilers or pressure vessels in Canada.
- Manufacturing of boilers or pressure vessels, including fabrication methods or processes in either shop or field.
- Responsible charge in the operation of boilers totalling 50,000 lbs. of steam per hour total capacity.
- Perform NDE examination, repair, alteration or maintenance of boiler or pressure vessels.
- Quality control systems related to boiler or pressure vessel manufacturing, repair or alteration in either shop or field.
- Inspection of boilers or pressure vessels either in-service or during construction including either shop or field.

Type of Experience	From	To	Employer and Position Held

We declare that, to the best of our knowledge and belief, the statements are accurate and constitute a true record of the Inspector's education and experience.

<i>Please print.</i> Name of Inspector's Supervisor _____ Name of Inspector _____	Signature	Date (dd-mmm-yyyy)
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PAYMENT INSTRUCTIONS

TSSA use only	L #	CH #
WO # _____		

If paying by cheque, bank draft, money order or wire transfer, 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)

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

If paying by Cheque, Bank Draft, Money Order or Wire transfer complete the following and select payment method:

Name of Applicant/Organization:

Telephone No:

Email Address:

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

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

Wire Transfer

Pay to Bank: TD Canada Trust

Beneficiary: Technical Standards and Safety Authority

Swift: TDOMCATTOR

Account: 05200306317

Please add \$CDN 15.00 to your remittance for bank handling charges for wire transfers. Send a copy of your wire remittance by e-mail to areceivable@tssa.org along with a copy of your application.

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