



Technical Standards and Safety Authority  
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 Customer Service: 1.877.682.8772 Email:  
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**Application for an Reinstatement of Ontario  
 Licence to Transmit Oil by Pipeline  
 Technical Standards and Safety Act Oil and Gas  
 Pipeline Systems Regulation**

**For Office Use Only**

Licence Number

**The Undersigned applies to TSSA for a Licence to Transmit Oil by Pipeline under Ontario's *Technical Standards and Safety Act*, Oil and Gas Pipeline Systems Regulation.**

Firm Name	Corporation Number
E-mail Address	
Telephone No.	Contact Person
Street No.      Street Name / 911 Number/Address if applicable	
Town / City or Township / County	Province
Postal Code	

**Licence Fee Schedule (Annual)\***

Enter # of years operating without a Registration	Current Year	Total Years	Transmission Pipelines	Fee Type	Fee	Total Years	Total Fees Due
			Oil Transmission Pipeline - <100	Flat	\$ 3,921.00	x	=
			Oil Transmission Pipeline - 100 to <1,000	Flat	\$ 22,408.00	x	=
			Oil Transmission Pipeline - ≥1,000	Flat	\$ 44,815.50	x	=

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

- 1) 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.
- 2) An operating company need not be licensed if its oil transmission system is less than 20 kilometres in length.

**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 \_\_\_\_\_