



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

Application for Registration of a Plant

Technical Standards and Safety Act
 Operating Engineers Regulation

The undersigned user of the indicated plant hereby applies for:	<input type="checkbox"/> Registration	<input type="checkbox"/> Re-Registration Alternate
Select the Type of Plant Registration	<input type="checkbox"/> No Alternate Rules	<input type="checkbox"/> Alternate Rules Path 1 <input type="checkbox"/> Alternate Rules Path 2

Please refer to OE Plant Registration Fee Details on Page 2 of the application form:

Owner/Licensee Information:		Plant User Name Type	<input type="checkbox"/> Person	<input type="checkbox"/> Business
Plant User Name:		Corporation/Business Identification No: (if plant user is Business)		
<i>Please provide Primary address in the fields provided below</i>				
Street No:	Street Name:		Unit/Suite:	
City/Town:	Province:	Postal Code:	Email:	
Primary Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Business <input type="checkbox"/> Home				Fax No:
Primary Contact Information				
Name of Contact:			Email:	
Primary Phone: <input type="checkbox"/> Mobile <input type="checkbox"/> Business <input type="checkbox"/> Home				Fax No:
<i>If your mailing address is different from your primary address, please complete this section</i>				
Street No:	Street Name:		Unit/Suite:	
City/Town:	Province:	Postal Code:	Email:	
Invoicing Option: <input type="checkbox"/> Mail <input type="checkbox"/> Email				

Plant Information				
<i>Please provide complete Plant location in the fields provided below</i>				
Street No:	Street Name:		Unit/Suite:	
City/Town:	Province:	Postal/Zip Code:	Email:	
Bus. Telephone No:		Fax No:		
Plant Known As:		Plant Type Classification:		
Plant Registration Number:		Plant Function:		
Guarded Control: <input type="checkbox"/> Yes <input type="checkbox"/> No		Guarded Control Tested Date:		
Additional Pre-Requisites				
<input type="checkbox"/> Please attach Plant Equipment List (Link for Plant Equipment List)				
<input type="checkbox"/> 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 Safety Act.

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

Applicant Name:	Applicant's Title:
Applicant's Signature	Date :



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Please provide Plant User Name (must match page 1): _____

PLEASE COMPLETE FOR PAYMENTS:

All Fee Payable to the Technical Standards and Safety Authority. Please note fees are non-refundable and payment can be made by cheque, credit card – Visa/Master, EFT or wire transfer. For fees, please refer to the Fee Schedule.

OE Plant Registration Fee Details	Fee	HST	Total
Plant Registration	\$ 150	-	150
Path 1 - Initial ¹	\$ 1,530	199	1,729
Path 1 - changes to previously submitted application ²	\$ 765	99	864
Path 2 - RSMP review - Initial ³	\$ 5,477	712	6,189
Path 2 - RSMP review - changes to previously submitted RSMP ⁴	\$ 2,739	356	3,095
Hourly labour rate - other reviews, inspections or audits	\$ 183	24	207
¹ The minimum fee covers first 8.5 hours of review and travel time. Actual hours in excess of minimum amounts will be billed in ¼ hour increments at the hourly labour rate. If actual hours incurred are below the minimum amounts, a refund will be issued. ² The minimum fee covers first 4 hours of review and travel time. Actual hours in excess of minimum amounts will be billed in ¼ hour increments at the hourly labour rate. If actual hours incurred are below the minimum amounts, a refund will be issued. ³ The minimum fee covers first 30 hours of review and travel time. Actual hours in excess of minimum amounts will be billed in ¼ hour increments at the hourly labour rate. If actual hours incurred are below the minimum amounts, a refund will be issued. ⁴ The minimum fee covers first 15 hours of review and travel time. Actual hours in excess of minimum amounts will be billed in ¼ hour increments at the hourly labour rate. If actual hours incurred are below the minimum amounts, a refund will be issued.			

All required fees must be prepaid for application to be processed. Fees are non-refundable.
For payment options, see Payment Authorization Form



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PAYMENT AUTHORIZATION FORM

For Office Use Only
SR/Work Order Number: _____

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. Please pay by cheque, bank draft or money order payable to **Technical Standards and Safety Authority** or by Visa or Mastercard. The HST Registration No: 891131369

Check the appropriate box to indicate your method of payment

- Credit Card
(complete Section A & B)
- Cheque, Bank Draft or Money Order
 (payable to Technical Standards and Safety Authority)
 (enclosed & complete Section A)
 Cheque/Bank Draft/Money Order #: _____

SECTION A:

Name of Applicant/Organization:	
Telephone No:	Cell Phone:
Email address:	

SECTION B

I agree to pay Technical Standards and Safety Authority CAD \$ <input type="text"/> on my credit card for fees related to the application.	Please indicate the type of credit card <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD			
	Credit Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	Expiry date on the card ▶ <table border="1" style="display: inline-table;"><tr><td>Month</td><td>Year</td></tr></table>	Month	Year	
Month	Year			
Name of the Card Holder <input type="checkbox"/> Same as applicant	Date ▶ <table border="1" style="display: inline-table;"><tr><td>Day</td><td>Month</td><td>Year</td></tr></table>	Day	Month	Year
Day	Month	Year		
Signature of the Card Holder				

Please note that payment receipts can be requested by calling our Customer Contact Centre at 1.877.682.8772 only after the payment has been processed.

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