



Technical Standards and Safety Authority

Web site: www.tssa.org

Application for an Ontario Registration to Operate/Install an Underground Fuel Oil Tank under the *Technical Standards and Safety Act* Fuel Oil Regulation

Please print firmly with a ball point pen.

Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution.

Check (✓) applicable business: New Modification Renewal

For Office Use Only

Registration Number

Type

S/Type

Fees: No fees required for application.

Please submit this application for registration of new or modified installations **two weeks** prior to commencing any work.

Technical Standards and Safety Authority
4th Floor - West Tower
3300 Bloor Street West
Toronto, Ontario M8X 2X4

The Undersigned applies to TSSA for a Registration to Operate/Install an Underground Fuel Oil Tank under Ontario's *Technical Standards and Safety Act*, Fuel Oil Regulation.

Name of Registrant (Underground Tank Owner/Operator) _____ (IND/ORG) ID _____

E-mail Address _____

A Area Code _____ Telephone No. _____ Contact Person _____

B Street No. _____ Street Name, Lot / Concession No. _____

Mailing Address Town / City or Township / County _____ Province _____ Postal Code _____

Information on Underground Tank. For new installations, please include two copies of installation drawings and specifications.

Location of underground tank to be registered. Must be a municipal address if different from mailing address.

C Street No. _____ Street Name, Lot / Concession No. _____ Telephone No. _____

Town / City or Township / County _____ Province _____ Postal Code _____

D Fuel Supplier _____

Tank information. Where information is not available or not applicable, please write N/A.

Storage Capacity: _____ Gallons Litres Age of Underground Tank: _____

Tank Material (e.g. steel, fiberglass, jacketed): _____ Single Wall Double Wall

Corrosion Protection System: _____ Date of Last Corrosion System Test: _____
(i.e. sacrificial anode, impressed current) (please attach copy of test records) Year/Month/Day

Overfill Protection Device: _____ (Type, e.g. alarm, gravity valve) (Manufacturer) (Model)

Leak Detection System: _____ Date of Last Precision Leak Test: _____
(i.e. monitoring wells, interstitial monitoring) (please attach copy of test records)

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.

Print name of Owner/Operator _____

Signature _____ Year _____ Month _____ Day _____