



Technical Standards and Safety Authority
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Record of Training Confirmation and Designation Form

Technical Standards and Safety Act

To be completed by an applicant for a propane license or propane license renewal:

Name of Company:	Corporation No./ Business Identification No:
Name of Applicant:	
Email:	

A. Complete Mailing Address			
Street No.:	Street Name:		
Unit/Suite:			
City/Town:		Province:	Postal Code:
Telephone No.:	Fax No.:	Cell No.:	

B. If your service address is different from your mailing address, please complete this section.			
Street No.:	Street Name:		
Unit/Suite:			
City/Town:		Province:	Postal Code:
Telephone No.:	Fax No.:	Cell No.:	

Pursuant to section 27.1(3) and (4) of the Propane Storage and Handling Regulation (O. Reg. 211/01), I confirm that the Record of Training [ROT] holder indicated below holds an appropriate ROT as is required for the referenced facility and is an officer or director, partner, or a person in senior management designated by me as responsible for the oversight of the propane operations to which the license applies:

Licence No.: _____

Name: _____

Position Title: _____

ROT Certificate No. (copy attached): _____

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