



Registration Form Internal Combustion Engine (ICE) Training

The ICE-P/NG or ICE-IE-P/IE-NG programs are for mechanics who work on propane powered vehicles & industrial equipment. These 2-day programs include a theory as well as 'hands on' demonstration.

Location: **Holiday Inn Toronto Airport East**
600 Dixon Rd
Toronto, ON M9W 1J1
416-240-7511 (if booking a room ask for the "FSN Training" rate)

PROPANE Courses - \$915 + \$195 TSSA registration fee per person (\$1110) + HST = \$1254.30



Please check off registration date & course you require

Propane - 8am-5pm

More courses will be added if required

Mar 26&27, 2022	<input type="checkbox"/>	ICE-IE-P (Industrial Equipment)	<input type="checkbox"/>	ICE-P (Automotive) Copy of license required, ICE-IE exams will be ordered if no copy is provided
Apr 26&27, 2022	<input type="checkbox"/>	ICE-IE-P (Industrial Equipment)	<input type="checkbox"/>	ICE-P (Automotive) Copy of license required, ICE-IE exams will be ordered if no copy is provided
May 28&29, 2022	<input type="checkbox"/>	ICE-IE-P (Industrial Equipment)	<input type="checkbox"/>	ICE-P (Automotive) Copy of license required, ICE-IE exams will be ordered if no copy is provided
June 25&26, 2022	<input type="checkbox"/>	ICE-IE-P (Industrial Equipment)	<input type="checkbox"/>	ICE-P (Automotive) Copy of license required, ICE-IE exams will be ordered if no copy is provided
Sept 13&14, 2022	<input type="checkbox"/>	ICE-IE-P (Industrial Equipment)	<input type="checkbox"/>	ICE-P (Automotive) Copy of license required, ICE-IE exams will be ordered if no copy is provided
Oct 4&5, 2022	<input type="checkbox"/>	ICE-IE-P (Industrial Equipment)	<input type="checkbox"/>	ICE-P (Automotive) Copy of license required, ICE-IE exams will be ordered if no copy is provided
Oct 29&30, 2022	<input type="checkbox"/>	ICE-IE-P (Industrial Equipment)	<input type="checkbox"/>	ICE-P (Automotive) Copy of license required, ICE-IE exams will be ordered if no copy is provided
Nov 26&27, 2022	<input type="checkbox"/>	ICE-IE-P (Industrial Equipment)	<input type="checkbox"/>	ICE-P (Automotive) Copy of license required, ICE-IE exams will be ordered if no copy is provided

To register, please return the following to info@fsntraining.com

1. TSSA's "Application for Fuels Safety Mechanic Examination" Form
2. TSSA - Ontario Certificate of Qualification" Form
3. A colour copy of your Government ID. (required by TSSA)
4. This registration form
5. COVID Certificate Requirement status for Hotel form



NOTE: 20 business days' notice is **REQUIRED** PRIOR to course date to order exams from TSSA

Attendees

Name:	Position
Name:	Position
Name:	Position
Name:	Position

Billing Info

Company Contact Name: _____

Company: _____

Address: _____ City: _____ Postal Code: _____

Tel: _____ Fax: _____ Email: _____

Payment Info

Total Order amount \$ _____

(Cancellation Fee: If less than a full 10 business days notice is given, the full fee will be charged)

Credit Card: ☐ Visa ☐ Master Card

Card # _____ Expiry: _____ CVV _____

Name on Card: _____

Signature: _____

***PAYMENT must be received with this Registration to reserve the seat(s).**

FSN Training & Development Inc.
12 Forestgreen Drive, Uxbridge ON L9P 0B8
Tel: 905-649-7670 Email: info@fsntraining.com



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

Application for Fuels Safety Mechanic Examination

Technical Standards and Safety Act
Fuels Safety Regulations

A. EXAMINATION CANDIDATE INFORMATION:

Note: All information must reflect the information as written on your government issued photo identification.

First Name ▼		Middle Name ▼		Last Name ▼	
Date of Birth ▼ DD - MM - YYYY	Suite/Unit No. ▼	Street No. ▼	Street Name ▼		
City ▼		Province ▼		Postal Code ▼	
Primary Phone ▼		Secondary Phone ▼		Email ▼	
Current Certificate Classification ▼			Current Certificate No. ▼		

For Office Use Only
Date
Account No.
SR No.
Comments

TSSA must be notified of any change of address or contact information.

This form collects personal information for the purpose of administering certification and examination activities authorized by the Technical Standards and Safety Act, 2000, S.O. 2000, c. 16.

B. I AM APPLYING FOR THE FOLLOWING EXAMINATION: Please check (✓) appropriate exam.

- | | |
|---|--|
| <input type="checkbox"/> Crop Dryer Technician (CDT) | <input type="checkbox"/> Liquid Propane Fitter (LP) |
| <input type="checkbox"/> Domestic Appliance Technician (DA) | <input type="checkbox"/> Oil Burner Activation Technician (OBAT) |
| <input type="checkbox"/> Gas Pipeline Inspector (GPI) | <input type="checkbox"/> Oil Burner Technician |
| <input type="checkbox"/> Gas Piping Fitter (GP) | |
| <input type="checkbox"/> Gas Technician | <input type="checkbox"/> Oil Pipe Fitter (OP) |
| | <input type="checkbox"/> Oil Pipeline Inspector (OPI) |
| <input type="checkbox"/> Gas Utility Technician | Petroleum Mechanic |
| <input type="checkbox"/> Industrial Maintenance Technician (IMT) | <input type="checkbox"/> Recreational Vehicles Technician |
| <input type="checkbox"/> Internal Combustion Alternate Fuel Technician | <input type="checkbox"/> Refueling Station Installer – Natural Gas (RSI-NG) |
| <input type="checkbox"/> Internal Combustion Alternate Fuel Technician – Industrial Equipment | <input type="checkbox"/> Refueling Station Service Technician – Natural Gas (RST-NG) |

Examination Date/Time: Please complete the required fields. **FSN Training will arrange exam**

Preferred Examination Date/Time: _____ (dd-mm-yyyy)	Examination Location: _____
Alternate Examination Date/Time: _____ (dd-mm-yyyy)	Examination Location: _____
Should the preferred/alternate date be unavailable, I agree to be scheduled for the next available date at:	
Is this a re-write? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other: _____	
Is this a challenge? <input type="checkbox"/> NO (If "NO", include \$190.00 non-refundable) <input type="checkbox"/> YES (If "YES", include \$215.00 non-refundable)	

As the applicant submitting for an examination, I agree that I will be bound by the applicable Certification and Examinations Policies and Procedures. I agree not to duplicate or copy the examination in any manner nor will I transmit in any way any information regarding the examination to any third party. I agree that I will not bring into the examination room any materials other than the materials expressly permitted by TSSA. I further agree that I will not bring into the examination room any electronic device that is capable of reproducing any part of the examination, such as a phone, camera, smart watch, etc. I understand that there may not be any facility to securely store any electronic device and that I may be required to leave such a device, if brought to the examination, outside of the examination room unsecured. I further acknowledge if any electronic device or prohibited material is found in my possession, it may be immediately seized by TSSA or its representatives and used as evidence against me in any subsequent prosecution or Notice of Proposal to revoke or suspend my certificate, or deny my application for a certificate, as is applicable.

Applicant Signature	Date DD - MM - YYYY
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Technical Standards and Safety Authority
345 Carlingview Drive
Toronto, Ontario M9W 6N9
Tel: 416.734.3300
Fax: 416.231.4903
Customer Service: 1.877.682.8772
E-mail: certandexams@tssa.org
www.tssa.org

**Application for an Ontario Certificate of Qualification
Certification and Training of Fuel Industry Certificates
and Petroleum Equipment Mechanic Regulations
Technical Standards and Safety Act**

A. CERTIFICATION CANDIDATE INFORMATION:

Note: All information must reflect the information as written on your government issued photo identification.

First Name ▼		Middle Name ▼		Last Name ▼		For Office Use Only Date Processed Account No. SR No. Certificate No. Examination Result (%)	
Date of Birth ▼ DD - MM - YYYY	Suite/Unit No. ▼	Street No. ▼	Street Name ▼				
City ▼		Province ▼		Postal Code ▼			
Primary Phone ▼		Secondary Phone ▼		Email ▼			
Current Certificate Classification ▼		Current Certificate No. ▼					

Important Note:

All new authorization (certificate) requests must include a colour copy of acceptable government issued photo identification with the application form. This includes a copy of a drivers licence, passport or provincial identification card. Upon verification, TSSA will securely destroy copies of the identification and these records will not be retained by TSSA.

New Address or Contact Information?* **Yes** **No** **TSSA must be notified of any change of address or contact information.*

B. I AM APPLYING FOR CERTIFICATION AS:

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Indicate if you are submitting to challenge a certificate: Yes, I am Challenging a Certificate No, I have completed an accredited training program

C. ACCREDITED TRAINING PROGRAM:

To be completed and submitted by the signing authority of the Accredited TSSA Training Provider. This section does not apply for Challenge requests.

Training Provider ▼		Address ▼		Accreditation Number ▼	
Program Name ▼	Program Start Date ▼		Program Completion Date ▼		Program Hours ▼
Signing Authority Name ▼		Signing Authority Phone No. ▼		Signing Authority Email ▼	
Practical Evaluation Completion Date ▼		Practical Evaluation Mark (%) ▼		Candidate Training Program Attendance (%) ▼	
Training Program Result (%) and Pass / Fail ▼ Pass Fail		Attestation: As the signing authority for the accredited training provider, I certify that the above information is true and correct and the candidate applying for certification has met all requirements to obtain an Ontario Certificate of Qualification ▼ Yes, all requirements have been met No			
Signature of Signing Authority ▼					

As the applicant submitting for certification, I certify that the information I have provided on this application is true and correct. I understand that making a false statement may result in the revocation of authorization and failure to provide the required information will result in delayed processing and/or approval of the request for certification.

Applicant's Signature	Date DD - MM - YYYY
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