



## 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 a '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)

Natural Gas Courses - \$1015 + \$195 TSSA registration fee per person (\$1210) + HST = \$1367.30



Please check off registration date & course you require

### Natural Gas - 8am-5pm

More courses will be added if required

Mar 16&17, 2022	<input type="checkbox"/>	ICE-IE-NG (Industrial Equipment)	<input type="checkbox"/>	ICE-NG (Automotive) Copy of license required, ICE-IE exams will be ordered if no copy is provided
Apr 23&24, 2022	<input type="checkbox"/>	ICE-IE-NG (Industrial Equipment)	<input type="checkbox"/>	ICE-NG (Automotive) Copy of license required, ICE-IE exams will be ordered if no copy is provided
May 17&18, 2022	<input type="checkbox"/>	ICE-IE-NG (Industrial Equipment)	<input type="checkbox"/>	ICE-NG (Automotive) Copy of license required, ICE-IE exams will be ordered if no copy is provided
June 7&8, 2022	<input type="checkbox"/>	ICE-IE-NG (Industrial Equipment)	<input type="checkbox"/>	ICE-NG (Automotive) Copy of license required, ICE-IE exams will be ordered if no copy is provided
Sept 24&25, 2022	<input type="checkbox"/>	ICE-IE-NG (Industrial Equipment)	<input type="checkbox"/>	ICE-NG (Automotive) Copy of license required, ICE-IE exams will be ordered if no copy is provided
Nov 8&9, 2022	<input type="checkbox"/>	ICE-IE-NG (Industrial Equipment)	<input type="checkbox"/>	ICE-NG (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](mailto: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

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

Company Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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](mailto: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](mailto:certandexams@tssa.org)  
[www.tssa.org](http://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 ▼		<b>For Office Use Only</b> 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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