

## Application for the Registration of a Pressure Piping Design

Refer to [Flowchart – Application for the Registration of a Pressure Piping Design](#). Also, refer to Policy Paper [TSASK-2016-07-01 Application for the Registration of a Pressure Piping Design](#). This application form must be filled in completely and returned to TSASK. Failure to do so may result in a delay in the processing of your application. You can download all forms and documents at [www.tsask.ca](http://www.tsask.ca).

**TSK-1011**

### I. Client's Information

A. Facility/Building Owner	B. Submitting Company if different from A.
Company Name: _____	Company Name: _____
Address: _____ (PO Box/Apt #/Street Address)	Address: _____ (PO Box/Apt #/Street Address)
_____ (City/Province/Postal Code)	_____ (City/Province/Postal Code)
Contact Person: _____	Contact Person: _____
Phone #: _____	Phone #: _____
Fax #: _____	Fax #: _____
E-mail: _____	E-mail: _____

### II. Registered Piping Material Specifications with TSASK

Pressure Piping Design Audit (Refer to [IP-2015-07-01 – Pressure Piping Design Audit Reviews – QMS/QCP Holders Only](#))

Piping Material Specification Registration #: \_\_\_\_\_ QCP or QMS Registration #: \_\_\_\_\_

**NOTE: FOR QMS HOLDERS ONLY** – For 3<sup>rd</sup> party designs, QMS holders shall provide a letter stating that the third party designer is either using the owner's piping material specifications or has verified their company's piping material specifications are in compliance with the QMS holder's registered piping material specifications. The letter shall be signed by the owner and the design company and be included as part of the pressure piping design review.

### III. Pressure Relief Path Stop Valve Control (PRP SVC) Program

If the piping design has stop valves in the pressure relief line (including process valves), the owner shall check one of the following and provide information required:

- PRP SVC Program Registration #: \_\_\_\_\_
- QMS Number if PRP SVC Program is included as part of the QMS manual \_\_\_\_\_

Application requirements for a PRP SVC Program either alone or as part of an existing QMS program:

- Copy of *TSK-1012 Application for the Registration of a PRP Stop Valve Control Program* completed; **OR**
- QMS application – done electronically so shall include TSASK order number or name on credit card \_\_\_\_\_

### IV. Application Information

#### A. General Information

Application Date: \_\_\_\_\_ Construction Completion Date: \_\_\_\_\_  
(DD MM YYYY) (Estimated) (DD MM YYYY)

#### B. Type of Application

- 1)  A single submission pressure piping design registration application. There will be no additional pressure piping submission packages submitted in conjunction with this application. See [IP-2016-07-02](#)
- 2)  Multiple pressure piping design registration application submissions. More than one pressure piping design submission package will be submitted in conjunction with the system at this location. Complete Part V as well. See [IP-2016-07-03](#).
- 3)  Skid design submission. See [IP-2016-07-04](#).

#### IV. Application Information - continued

##### C. Additional submission information:

- Attach **three** copies of the completed [TSK-1003 General Engineering Requirements for the Design & Construction of Pressure Piping Systems](#) with this Application.
- Select if a signed & stamped copy is to be returned. Additional fee will apply.

#### V. Multiple Submission Packages

##### A. Tracking Information

When applying for Part IV(B)2, please indicate a tracking number for TSASK to use, number of submissions and a contact to ensure that all the packages are collected for the piping system at the this location.

Owner/Designate Tracking #: \_\_\_\_\_ Number of Submissions: \_\_\_\_\_  
 Person/Company Responsible for coordinating the registration of all the packages contact information. This person will receive confirmation of the registration. Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

#### VI. Location of Installation

##### B. Location/Address for the Design being registered: (one of the options below must be filled in)

Address: \_\_\_\_\_  
 (Facility Name (if applicable)/PO Box/Apt #/Street Address)  
 \_\_\_\_\_  
 (City/Province/Postal Code)  
 Land Location: \_\_\_\_\_  
 (Facility Name/LLD)  
 Other: \_\_\_\_\_  
 (Include Facility Name in description)

#### VII. Previous Registration Number & Brief System Description

- A. Previous Pressure Piping Registration Number: (if applicable): \_\_\_\_\_
- B. Provide a brief description of the system being installed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### VIII. Invoicing

##### Where Invoices are to be Sent

Services provided will be invoiced at the completion of the review. Please indicate to whom the invoice should be sent:

- A. Facility/Building Owner
- B. Submitting Company

#### IX. Design Registration Schedule of Fees

Select type of Service:	Base Fee	Additional Fees as applicable
<input type="checkbox"/> Standard Service	\$339*	\$155/hour
<input type="checkbox"/> Expedited Service A – Review within 10 working days	\$552*	\$233/hour
<input type="checkbox"/> Expedited Service B – Review within 3 working days	\$958*	\$464/hour
<input type="checkbox"/> Return of original stamped prints or documents	\$12	Not Applicable
*Base fee covers up to 2 hours of review		(Includes GST)

Additional information may be found at [www.tsask.ca](http://www.tsask.ca). If you have any other questions, please contact TSASK at:  
 Email: [CodesandStandards@tsask.ca](mailto:CodesandStandards@tsask.ca); or  
 Phone: 1-866-530-8599. Please ask to speak to Codes & Standards Compliance.