

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

Application for an Ontario Certificate of Qualification as an Amusement Devices Mechanic

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Technical Standards and Safety Act

Certification and Training of Amusement

Devices	M	lec	han	ics	R	legu	lation
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I am applying	for certification as a(n):				For C	ffice Use Only
11 9 0					Date	
Full Name of	Applicant and Home Ad	dress				
Last Name		First Name	Middle Nam	е	Account No.	
Street No.	Street Name					
0.11					SR No.	
City		Province Postal Code	New Address	Yes No	Certificate No.	
Email						
Area Code a	and Telephone No. (home)	Cell No.			Date of Birth	
				Required for	Year	Month Day
				Certification		
			I			1
If you now hol	d a Certificate of Qualification	as a mechanic, give Certif	icate No.:			
TSSA must be	notified of any change of add	ress and telephone numbe	r.			
College/orga	anization		Tra	ainer ID No.		ination Date
					Year	Month Day
Address						
Applicant ha	s met all the requirements for c	ertification: Yes	No N/A	١		
	gning Authority:				Mark:	
	No.:			ation Completion	Date:	
Signature of	f Signing Authority:			I neoretical	Mark:	
Fees: The	non-refundable application fee	must be included for pass	or fail grades.			
	Select	Service		Fee Type Fee	Total Fees Due	
	Ontario Certificate o	f Qualification as an Amusement De	vice Mechanic (biennial)	Flat \$	81	
			Total Fe	ees Due		
	L			2		
	All required fees	If paying by credit ca must be prepaid for appli	rd, amount in Box 2 to be en ication to be processed			
	An required lees		s, see Payment Instruct		CIGINGNICI	
	ing a false statement may r result in delayed processing		ocation of authorizatio	on. Failure to pr	ovide required in	nformation
	I certify the information I hat ication and fee on my beha		ithorize the above nan	ned training org	anization to sub	mit this

Signature of Applicant Date (dd-mm-yyyy)



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Application for an Ontario Certificate of Qualification as an Amusement Devices Mechanic *Technical Standards and Safety Act* Work Experience Confirmation

Applicant Name:			Certification Category:						
Street No./Apartment No.: Street Name:									
City/Town:		Province:		Postal Code:					

Supervising Certificate Holder (if applicable):

Name:	Signature:
Certificate No.:	Telephone No.:

Work experience acquired. Use additional paper if space below is insufficient.

Types of Device Experience	Installation Yes/No	Service/Maintenance (specify)	Electrical/Mechanical/Other (specify)	Accumulated Time (months/years)
Other experience directly related to the Industry				
Total Time Accumulated				

Employment History. Use additional paper if space below is insufficient. Attach employer documentation.

Name/Address of Employer	From:	То:	Position Held
For Office Use Only Tradesperson: A 🗌 🛛 IA			

This information is collected under the authority of Ontario's Technical Standards and Safety Act.

Declaration: The information provided in this document is true and accurate to the best of my knowledge.

Signature of Applicant	Date (dd-mm-yyyy)

GUIDELINES FOR AMUSEMENT DEVICES MECHANICS, Form No. AD 09075

Amusement Device Mechanic Certification Categories:

The following are the certificate classes and the scope of work, which pertains to each of the respective classes:

ADM-AR Certificate

An ADM-AR certificate holder may, without supervision, perform service and maintenance work, including erection and dismantling, on an amusement ride or any part of it, but only if the person has 8,000 hours of experience on that class of device and that experience has been documented and signed off by a mechanic or licensee.

An ADM-AR certificate holder who does not have the required documented experience on a class of device shall not perform the functions referred to above without supervision by the holder of an ADM-AR certificate who has such experience.

ADM-GK Certificate

An ADM-GK certificate holder may, without supervision, perform service and maintenance work, including erection and dismantling, with respect to a go-kart, including a go-kart track, but only if the person has 1,800 hours of experience on go-karts and that experience has been documented and signed off by a mechanic or licensee.

An ADM-GK certificate holder who does not have the required documented experience on go-karts shall not perform the functions referred to above without supervision by the holder of an ADM-GK certificate who has such experience.

ADM-WS Certificate

An ADM-WS certificate holder may, without supervision, perform service and maintenance functions, including erection and dismantling, with respect to a water slide, but only if the person has 1,800 hours of experience on water slides and that experience has been documented and signed off by a mechanic or licensee.

An ADM-WS certificate holder who does not have the required documented experience on water slides shall not perform the functions referred to above without supervision by the holder of an ADM-WS certificate who has such experience.

ADM-B Certificate

An ADM-B certificate holder may, without supervision, perform service and maintenance functions, including erection and dismantling, with respect to a bungee, but only if the person has 3,200 hours of experience on a bungee and that experience has been documented and signed off by a mechanic or licensee.

An ADM-B certificate holder who does not have the required documented experience on a class of device shall not perform the functions referred to above without supervision by the holder of an ADM-B certificate who has such experience.

ADM-I Certificate

An ADM-I certificate holder may, without supervision, perform installation, service and maintenance functions, including erection and dismantling, with respect to an inflatable device, but only if the person has 240 hours of experience on that class of inflatable device and that experience has been documented and signed off by a mechanic or licensee.

An ADM-I certificate holder who does not have the required documented experience on a class of device shall not perform the functions referred to above without supervision by the holder of an ADM-I certificate who has such experience.

Proof of Experience - Mandatory Information Requirement:

- Applicants for any class of certificate outlined above will be required to submit, along with the application and fee, a letter(s) from past and present employers, written on company letterhead and signed by an officer of the company, stating the exact dates of employment and indicating the type of work performed;
- b) If a letter cannot be obtained from the employer, the applicant may provide a written statement of work experience, stamped by a notary public or a commissioner of oaths. This declaration must include names of present and former employers, addresses, telephone number; the exact dates of employment and a detailed description of the work performed and the type(s) of amusement devices worked on during the employment periods;
- c) The detailed description of the type of work performed, i.e. installation, maintenance, service, etc., and the types of amusement devices worked on during the qualifying period will be outlined in the accompanying experience summary.

Out-of-Province Applicants

Out-of-Province applicants for the TSSA Certificate of Qualification who have completed recognized training programs in their home jurisdiction are to be referred to Quality and Standards, TSSA, for an out-of-province candidate assessment.

Examination/Evaluation

The TSSA examination for Certificate of Qualification will be made up of questions focused on safe work practices specific to the industry and on the Act, Code and Regulations. In order to meet the certification requirements, an examinee must successfully pass the examinations set out by TSSA. The minimum acceptable grade for meeting this requirement is 70%.

Checklist:

In order for this application to be complete, please review the following:

- ____ Did you complete the application form in full?
- ____ Have you enclosed your transcripts for courses completed towards the applicable certificate?
- ____ Have you enclosed the certificate of completion of the applicable provincial examination for certification?
- ____ Have you enclosed the letter(s) from your past and present employer(s)?
- ____ Have you enclosed the application fee make payable to Technical Standards and Safety Authority (TSSA)?

*Information provided in this application is releasable under the Freedom of Information and Privacy Protection Act and may be disclosed upon request.

FORM #: AD-005-v1



Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300 Fax: 416.231.4078 Customer Service: 1.877.682.8772 Email: intake@tssa.org www.tssa.org

PAYMENT INSTRUCTIONS

TSSA use only	L#	CH #	
WO #			

If paying by cheque, bank draft, money order, this form must accompany all applications submitted to TSSA. A separate payment form is required for each application. Please refer to our fee schedule posted on our website www.tssa.org. HST Registration No: 891131369.

Payment Options:

Credit Card - Click link below

TSSA Service Prepayment Portal

Cheque, Bank Draft or Money Order (payable to Technical Standards and Safety Authority)

Name of Applicant/Organization: Telephone No: Email Address:

Cheque/Bank Draft/Money Order #:_____

Mail payment along with a copy of your application to:

Attention: Accounts Receivable Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9

If a copy of the application is not submitted with your payment, this will delay the processing of the application.

Dishonored Payments: A \$35 administration fee will apply for each returned item