

Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300 Fax: 416.234.9169 Email:licencingandregistration@tssa.org Customer Service: 1.877.682.8772 www.tssa.org

Application for Registration as an Elevating Devices Consultant Contractor

under Ontario's **Technical Standards and Safety Act** Elevating Devices Regulation

| Application for: 🔲 Initial Co | ontractor Regis | stration 🗌 R | enewal | Change of Scope | ☐ with limited [∗] scope | | |
|--|--|--------------|----------|------------------|-----------------------------------|--|--|
| TSSA Contractor Registration No.: | | | | | | | |
| Company (Owner/Operator=): | | | | | | | |
| Corporation No: /Business Identification No: | | | | Name of Contact: | | | |
| Bus. Telephone No: Ema | | | Email Ad | ail Address: | | | |
| Please provide complete Mailing a | Please provide complete Mailing address in the fields provided below | | | | | | |
| Street No: | Street Name: | | | Unit/Suite: | | | |
| City/Town: | | Province: | | Postal/Zip Code: | | | |
| Bus. Telephone No: | | | | Fax No: | | | |
| If your business location address is different from your mailing address, please complete this section | | | | | | | |
| Street No: | Street Name: | | | Unit/Suite: | | | |
| City/Town: Province: | | | | Postal/Zip Code: | | | |
| Bus. Telephone No: | | | | Fax No: | | | |

| Consultants (contractors) must register their scope of consultancy | | If scope or work is limited [*] mark here. | | | |
|--|----------------------------|--|--|------------------|-----------------|
| for all applicable device classes. Select all that apply. | | | To be eligible for registration in a specific device class, list one currently qualified mechanic whose scope and experience is applicable to the selected device class. | | |
| Device Class | Consultation Related to | ↓ | Name of Qualified Mechanic | Certificate Type | Certificate No. |
| Class 1: Elevators | | | | | |
| Freight elevators | | | | | |
| Freight elevators - P | | | | | |
| Hand-powered freight elevators | | | | | |
| Observation elevators | | | | | |
| Passenger elevators | | | | | |
| Sidewalk elevators | | | | | |
| Temporary elevators | | | | | |
| Limited use/limited application elevators | | | | | |
| Class 2: Dumbwaiters | | | | | |
| Dumbwaiters (not hand-powered) | | | | | |
| Hand-powered dumbwaiters | | | | | |
| Class 3: Escalators | | | | | |
| Escalators | | | | | |

| | | | To be eligible for registration in a specifi | c device class, list or | ne currently | |
|---|-------------------------|---|--|-------------------------|-----------------|--|
| | | qualified mechanic whose scope and experience is applicable to the selected | | | | |
| | | device class. | | | | |
| Device Class | Consultation Related to | | Name of Qualified Mechanic | Certificate Type | Certificate No. | |
| Class 4: Moving Walkways | | | | | | |
| Moving walkways | | | | | | |
| Class 4.1: Shopping Cart | | | | | | |
| Conveyors | | | | | | |
| Shopping cart conveyors | | | | | | |
| Class 5: Freight Platform Lifts | | | | | | |
| Freight platform / Material L – Lift Type A | | Î | | | | |
| Freight platform / Material L – Lift Type B | | Ì | | | | |
| Class 6: Lifts for persons with physical disabilities | | Î | | | | |
| Stair chair lifts | | | | | | |
| Enclosed stair platform lifts | | 1 | | | | |
| Unenclosed stair platform | | 1 | | | | |
| lifts | | | | | | |
| Enclosed vertical platform lifts | | | | | | |
| Unenclosed vertical platform | | 1 | | | | |
| lifts | | | | | | |
| Special elevating devices | | | | | | |
| Class 7: Manlifts | | | | | | |
| Counter-balanced manlifts | | | | | | |
| Endless belt manlifts | | | | | | |
| Power type manlifts | | | | | | |
| Class 9: Construction Hoists | | | | | | |
| Material construction hoists | | | | | | |
| Workers' rail guided hoists | | | | | | |
| Workers' rope-guided hoists | | | | | | |
| Class 10: Incline Lifts | | | | | | |
| Inclined elevators | | \parallel | | | | |
| Inclined dumbwaiters | | \parallel | | | | |
| Inclined manlifts | | \parallel | | | | |
| Inclined construction hoists | | | | | | |
| Inclined freight platforms | | \parallel | | | | |
| Funicular railways | | | | | | |

| Class 10: Funicular | | | |
|---------------------------------|--|--|--|
| Funicular Railways (designed | | | |
| under a passenger ropeway code) | | | |
| Class 11: Stage Lifts | | | |
| Stage lifts | | | |
| Class 12: Special Elevating | | | |
| Devices | | | |
| Special elevating devices | | | |
| Class 13: Parking Garage | | | |
| Lifts | | | |
| Parking Garage Lifts | | | |
| Class 14: Wind Turbine | | | |
| Tower Elevators | | | |
| Wind Turbine Elevators | | | |

FEES

| Select | Registration | Fee Type | Fee | Total Fees Due |
|--------|---|--------------|----------------|-------------------|
| | Elevating Devices Consultant (Contractor) | Flat | \$ 250 | |
| | | Total Fees I | Total Fees Due | |

If paying by credit card, amount in Box 2 to be entered in TSSA Service Prepayment Portal

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All required fees must be prepaid for application to be processed. Fees are non-refundable. For payment options, see Payment Instructions.

| If scope is limited, specify limitations here: | |
|--|--|
| example (interior cab renovation only) | |

Appplicant's Statement: The undersigned applicant states(on behalf of the company) that

•His/her company when registered as a consultant (contractor) will comply with all requirements of the Technical Standards and Safety Act, Elevating Devices Regulation

•His/her company will ensure that all mechanics or engineers have access to the latest edition and revision of the code(s) applicable to the elevating devices on which they are assigned to work and that they will have full working knowledge of such codes

Applicant has self ensured that supervisory staff, listed mechanics or engineers have full knowledge of the Technical Standards and Safety Act, Elevating Devices.
This application is a declaration for authorization, knowingly making a false statement or furnishing false information is an offence under section 37 (1)(b) of the Technical Standard and Safety Act, 2000.

| Date | Applicant's Official Capacity | Applicant's Name | Signature |
|------|-------------------------------|------------------|-----------|
| | | | |



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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 https://forms.tssa.org/Payments/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