



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

## Application for an Ontario Certificate of Qualification as a Ski Lift Mechanic

**Technical Standards and Safety Act**  
 Certification and Training of Elevating Devices  
 Mechanics Regulation

I am applying for certification as a(n):

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

**Full Name of Applicant and Home Address**

Last Name		First Name		Middle Name	
Street No.	Street Name				
City		Province	Postal Code		New Address <input type="checkbox"/> Yes <input type="checkbox"/> No
Email					

Area Code and Telephone No. (home)

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Cell No.

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Date of Birth

Required for Certification		
Year	Month	Day

If you now hold a Ski Lift Mechanic Certificate, give Certificate No.:

TSSA must be notified of any change of address and telephone number.

College/organization		Trainer ID No.		<b>Examination Date</b>		
				Year	Month	Day
Address						
Applicant has met all the requirements for certification: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
Name of Signing Authority: _____				Practical Evaluation Mark: _____		
Telephone No.: _____				Practical Evaluation Completion Date: _____		
Signature of Signing Authority: _____				Theoretical Mark: _____		

**Fees:** The non-refundable application processing fee must be included for all applications including pass or fail grades.  
 Make cheque, money order, VISA or MasterCard payable to TSSA.

**Note:** Making a false statement may result in a fine and/or revocation of authorization. Failure to provide required information will result in delayed processing.

**Declaration:** I certify the information I have provided is true. I authorize the above named training organization to submit this application and fee on my behalf.

Signature of Applicant	Date (dd-mmm-yyyy)

**GUIDELINES FOR SKI LIFT MECHANICS, Form No. ED 09163**

**Proof of Experience - Mandatory Information Requirement:**

- a) Applicants for any class of certificate outlined above are required to submit, along with the application, 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 giving detailed descriptions of the type of work performed. Only if a letter(s) is/are not available from the employer, a letter from a union local containing the **same information** would be acceptable.
- b) The detailed description of the type of work performed, i.e. installation, maintenance, service... etc., and the type(s) of ski lift devices worked on during the qualifying period will be outlined in the accompanying "Sign-Off Documentation".

**Out-of-Province Applicants**

Please note that out-of-province applicants may be required to first write the qualifying examination and pass a practical skills evaluation.

**Examination:**

Applicants must have successfully passed the provincial (or equivalent) examination for the relevant class of certificate with a minimum of 70%. A notice of completion provided by an accredited training and/or examining organization must accompany the application.

Applicants must have attended the full safety training workshops related to the elevating device industry. A certificate of completion must accompany the application.

**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 B. Title B. Title provincial examination for certification?
- \_\_\_ Have you enclosed the letter(s) from your past and present employer(s) and/or union local?
- \_\_\_ Have you enclosed the certificate of completion for the required safety training?  
(if taken separately from the full training curriculum)
- \_\_\_ Have you enclosed the application fee made payable to the Technical Standards and Safety Authority (TSSA)?



**Technical  
Standards and  
Safety Authority**

345 Carlingview Drive  
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M9W 6N9

**COMPLETE FOR CREDIT CARD PAYMENTS**

Please print and fax back this completed form to Examination Services at 416.231.4903.

Charge my credit card:  VISA  MASTERCARD

Amount of Payment \$ \_\_\_\_\_

Card # 

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Expiry Date 

Month	Year

In payment of \_\_\_\_\_ Client ID No. \_\_\_\_\_

Name of Card Holder \_\_\_\_\_ Client Tel. No. \_\_\_\_\_  
*First Name Last Name*

Signature of Card Holder \_\_\_\_\_ Date \_\_\_\_\_