

## Reinstatement Application for an Elevating Device License

Under Ontario's Technical Standards and Safety Act Elevating Devices Regulation

Installation/Licence I	Number L	Location/Address							
located, the pers	son in charge of the de		e licence, less		_	hich an elevating device is ne device, or otherwise, but does			
Owner/Licensee Name*			Account No.						
PRIMARY ADDR	RESS* (Physical lo	cation of the busin	ess, canno	t be a F	PO Box)				
Street No.	Street Name			Unit					
Town/City		Province	Pos			ostal Code			
Company Name	PROPERTY MANA	AGEMENT COMP	АМҮ (Ітарр	olicable)					
Contact Name		Email			Telephone No.				
C. BILLING ADI	<b>DRESS*</b> same as pr	imary address □ Yes	s □ No (Invo	ices will I	oe mailed to	o this address)			
Street No.	Street Name		Unit	PO Box					
Town/City		Province		I	Postal Code				
Bill Preferred De	Bill Preferred Delivery Method			E-invoice email address:					
E-invoicing: ☐ Yes ☐ No									
D. SHIPPING A	DDRESS* same as	billing address □ Yes	s □ No (Lice	nces will	be mailed t	to this address)			
Street No.	Street Name	treet Name		Unit		РО Вох			
Town/City Province				Postal Code					
Maintenance Cont	ractor*		Ī						
Contractor Name:			Contractor Registration No						
Maintenance Agreement Please check one: □ Expiry Date(dd-mm-yyyy) □ Automatic Renewal									

Please provide **two** dates (dd-mm-yyyy) and **time frame** for the inspection at the site once your application has been successfully processed. **TSSA will try to accommodate requested inspection dates as feasible based on Inspector availability.** 

Notes for selecting dates:

- 1) Dates selected must be a minimum of 15 business days from the submission of the application
- 2) If no date(s) are provided, an inspection date will be assigned for you



## Reinstatement Application for an Elevating Device License

Under Ontario's Technical Standards and Safety Act Elevating Devices Regulation

Mandatory Inspection*						
Preferred Inspection Date:	Time Frame: ☐ Morning (8am – 11am) ☐ Afternoon (12pm – 3pm)					
(dd-mm-yyyy)						
Alternative Inspection Date:	Time Frame: ☐ Morning (8am – 11am) ☐ Afternoon (12pm – 3pm)					
(dd-mm-yyyy)						
Site Contact Name & Phone number:						
Should the preferred/alternate date be unavailable, we will schedule the earliest availability						

For a successful inspection to put your device back in service, please contact your maintenance contractor to ensure the following work is completed/confirmed:

- Compliance with any outstanding inspector orders and/or safety tasks
- Compliance with any applicable codes
- Compliance with any applicable safety requirements ie. director's orders, manufacturer bulletins, etc
- Required maintenance and logbook are up-to-date
- Access to all areas of the device required for inspection ie. Lobbies and machine room

## If this work is not complete:

- The device will not be put back into service
- The Inspector will issue orders for all the non-compliances to be corrected
- A Follow-Up inspection will be required
- Additional fees will be applied

**Declaration:** I hereby declare that as the owner/licensee of this elevating device, I am responsible for the operation of the device and for ensuring that the device is properly serviced and maintained by a maintenance contractor as required by O.Reg 209/01 (Elevating Devices).

The Reinstatement Fee is non-refundable

Note: This application will not be processed without the required Reinstatement fee

Date (dd-mm-yyyy)	Applicant's Official Capacity	Applicant's Name	Signature		

## **FEES**

Enter # of years operating without a Registration	Current Year	Total Years	Licenses Elevators	Fee Type	Fee		Total Years		Total Fees Due
			3 Floors or less	Flat	262.50	x		=	
			4 - 20 Floors	Flat	346.50	x		=	
			21+ Floors	Flat	420.00	x		=	
			Other						
			Escalators or moving walk	Flat	493.50	x		=	
			Construction hoist	Flat	735.00	x		=	
			Elevating device other than above	Flat	262.50	x		=	

Total Reinstatement Fees Due

Value in Box 2 to be entered in TSSA Service Prepayment Portal

Click here to access TSSA Service Prepayment Portal

All required fees must be prepaid for application to be processed. Fees are non-refundable.