



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

Application for: <input type="checkbox"/> Initial Contractor Registration <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Scope <input type="checkbox"/> with limited* scope			
TSSA Contractor Registration No.:			
Company (Owner/Operator=):			
Corporation No./Business Identification No:		Name of Contact:	
Bus. Telephone No:		Email Address:	
Please provide complete <u>Mailing address</u> 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 <u>different</u> 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:	

Contractors must register their scope of work (installation and / or maintenance) for all applicable device classes. Select all that apply.			If scope or work is limited* mark here. 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	Installation of	Maintenance of	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					
Contractors must register their scope of work (installation and / or maintenance) for all applicable device classes. Select all that apply.			If scope or work is limited* mark here.		

Device Class	Installation of	Maintenance of	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					
Freight platform / Material L – Lift Type B					
Class 6: Lifts for persons with physical disabilities					
Stair chair lifts					
Enclosed stair platform lifts					
Unenclosed stair platform lifts					
Enclosed vertical platform lifts					
Unenclosed vertical platform lifts					
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					
Inclined dumbwaiters					
Inclined manlifts					
Inclined construction hoists					
Inclined freight platforms					
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 Tower Elevators					

FEES

Select	Contractor Registration (Installation and/or Maintenance)	Fee Type	Fee	Total Fees Due
	100 or less devices	Flat	\$ 300	
	101 - 500 devices	Flat	\$ 1,200	
	501 - 1,000 devices	Flat	\$ 3,000	
	1,001 - 2,000 devices	Flat	\$ 4,000	
	2,001 - 3,000 devices	Flat	\$ 5,000	
	3,001 - 5,000 devices	Flat	\$ 15,000	
	5,001+ devices	Flat	\$ 25,000	

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

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

<p>*If scope is limited, specify limitations here: example: annual testing by registered contractors</p>	
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<p>If the selected scope of work includes Maintenance, submit a complete listing of all devices currently maintained. Electronic files in excel format must be e-mailed to licencingandregistration@tssa.org Lists shall be provided with two columns with the following headings</p>		
Contractor Registration No.	ED Installation (Device) No.	Service Contract Expiry Date (mm/dd/yyyy)

<p>Applicant's Statement: The undersigned applicant states (on behalf of the company) that:</p> <ul style="list-style-type: none"> • His/her company when registered as an owner contractor will comply with all requirements of the <i>Technical Standards and Safety Act</i>, Elevating Devices Regulation. • His/her company will ensure that all mechanics 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 and listed mechanics have full knowledge of the <i>Technical Standards and Safety Act</i>, 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.
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Date	Applicant's Official Capacity	Applicant's Name	Signature



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PAYMENT INSTRUCTIONS

TSSA use only WO # _____	L # _____ CH # _____
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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)

<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