



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

Application for Reinstatement as an Elevating Devices Owner Contractor

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

Company Corporate Name (Contractor)		Corporation Number	TSSA Contractor Registration No.
Name of Contact		Telephone Number	E-mail:
Business Address:	Street No.	Street Name	
Town/City Township/County:		Province:	Postal Code:
Telephone:	Fax:	E-mail:	
If operating as a Partnership or Sole Proprietorship, please specify the Name of the Owner		First Name	Last Name
Mailing Address (if different from above):	Street No.	Street Name	
Town/City Township/County:		Province:	Postal Code:
Telephone:	Fax:	E-mail:	
For targeted electronic mailings, provide contacts as shown:	Please direct any Financial correspondence to the email of:		
	Direct Inspection Reports and Operational & Safety messaging to:		

Owner Contractors must register their scope of maintenance activities 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	Maintenance of	No of Units Maintained	Name of Qualified Mechanic	Certificate Type	Certificate No.
Elevators					
Dumbwaiters					
Escalators					
Moving walks					
Shopping cart conveyors					
Freight platform /Material lift					
Lift for persons w/disabilities					
Manlifts					
Construction Hoists					
Inclined lifts					
Stage lifts					
Parking Garage Lifts					
Passenger Ropeways (Ski Lifts)					
Special Devices <i>specify</i>					

FEES*

Enter # of Years Operating Without a License	Current Year	Total Years	Contractor Registration (Installation and/or Maintenance)	Fee Type	Fee	Total Years		Total Fees Due
						x	=	
			100 or less devices	Flat	\$ 315.00	x	=	
			101 - 500 devices	Flat	\$ 1,260.00	x	=	
			501 - 1,000 devices	Flat	\$ 3,150.00	x	=	
			1,001 - 2,000 devices	Flat	\$ 4,200.00	x	=	
			2,001 - 3,000 devices	Flat	\$ 5,250.00	x	=	
			3,001 - 5,000 devices	Flat	\$ 15,750.00	x	=	
			5,001+ devices	Flat	\$ 26,250.00	x	=	

*Note: Engineering and/or Inspection services may be required to reinstate the license/ registration and will be billed as a separate fee

Total Reinstatement Fees Due

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

Click here to access [TSSA Service Prepayment Portal](#)

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

*If scope is limited, specify limitations here:
example: annual testing by registered contractors

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 CustomerManagement@tssa.org. Lists shall be provided with two columns with the following headings

Contractor Registration No.

ED Installation (Device) No.

Service Contract Expiry Date (mm/dd/yyyy)

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

- His/her company when registered as an owner contractor will comply with all requirements of the *Technical Standards and Safety Act*, 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 *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