



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)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Cell No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Date of Birth

Year		Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.	Examination Date
<input type="text"/>	<input type="text"/>	Year: <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/> Day: <input type="text"/> <input type="text"/>
Address		
<input type="text"/>		
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.**

Select	Service	Fee Type	Fee	Total Fees Due
	Ontario Certificate of Qualification as a Ski Lift Mechanic (biennial)	Flat	\$ 85	

Total Fees Due

**2**

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**

**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)?

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



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

## PAYMENT INSTRUCTIONS

<b>TSSA use only</b>	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](http://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