



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 an Amusement Devices Mechanic

**Technical Standards and Safety Act**  
 Certification and Training of Amusement  
 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 Certificate of Qualification as a mechanic, give Certificate No.:

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

College/organization		Trainer ID No.		<b>Examination Date</b>								
<input style="width: 500px;" type="text"/>		<input style="width: 150px;" type="text"/>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">Year</td> <td style="width: 30%; text-align: center;">Month</td> <td style="width: 30%; text-align: center;">Day</td> </tr> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ </td> <td style="text-align: center;"> _ </td> </tr> </table>			Year	Month	Day	_ _	_	_
Year	Month	Day										
_ _	_	_										
Address												
<input style="width: 850px;" 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 fee must be included for pass or fail grades.

Select	Service	Fee Type	Fee	Total Fees Due
	Ontario Certificate of Qualification as an Amusement Device Mechanic (biennial)	Flat	\$ 85.00	

<b>Total Fees Due</b>	<b>2</b>
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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**

**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-mm-yyyy)
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**Application for an Ontario Certificate of Qualification  
 as an Amusement Devices Mechanic  
 Technical Standards and Safety Act  
 Work Experience Confirmation**

Applicant Name:		Certification Category:			
Street No./Apartment No.:		Street Name:			
City/Town:	Province:	Postal Code:			

**Supervising Certificate Holder** (if applicable):

Name:	Signature:
Certificate No.:	Telephone No.:

**Work experience acquired.** Use additional paper if space below is insufficient.

Types of Device Experience	Installation Yes/No	Service/Maintenance (specify)	Electrical/Mechanical/Other (specify)	Accumulated Time (months/years)
Other experience directly related to the Industry				
<b>Total Time Accumulated</b>				

**Employment History.** Use additional paper if space below is insufficient. Attach employer documentation.

Name/Address of Employer	From:	To:	Position Held

**For Office Use Only**      Tradesperson:    A     IA

This information is collected under the authority of Ontario's **Technical Standards and Safety Act**.

**Declaration:** The information provided in this document is true and accurate to the best of my knowledge.

Signature of Applicant	Date (dd-mm-yyyy)
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## GUIDELINES FOR AMUSEMENT DEVICES MECHANICS, Form No. AD-005-v2

### Amusement Device Mechanic Certification Categories:

The following are the certificate classes and the scope of work, which pertains to each of the respective classes:

#### ADM-AR Certificate

An ADM-AR certificate holder may, without supervision, perform service and maintenance work, including erection and dismantling, on an amusement ride or any part of it, but only if the person has 8,000 hours of experience on that class of device and that experience has been documented and signed off by a mechanic or licensee.

An ADM-AR certificate holder who does not have the required documented experience on a class of device shall not perform the functions referred to above without supervision by the holder of an ADM-AR certificate who has such experience.

#### ADM-GK Certificate

An ADM-GK certificate holder may, without supervision, perform service and maintenance work, including erection and dismantling, with respect to a go-kart, including a go-kart track, but only if the person has 1,800 hours of experience on go-karts and that experience has been documented and signed off by a mechanic or licensee.

An ADM-GK certificate holder who does not have the required documented experience on go-karts shall not perform the functions referred to above without supervision by the holder of an ADM-GK certificate who has such experience.

#### ADM-WS Certificate

An ADM-WS certificate holder may, without supervision, perform service and maintenance functions, including erection and dismantling, with respect to a water slide, but only if the person has 1,800 hours of experience on water slides and that experience has been documented and signed off by a mechanic or licensee.

An ADM-WS certificate holder who does not have the required documented experience on water slides shall not perform the functions referred to above without supervision by the holder of an ADM-WS certificate who has such experience.

#### ADM-B Certificate

An ADM-B certificate holder may, without supervision, perform service and maintenance functions, including erection and dismantling, with respect to a bungee, but only if the person has 3,200 hours of experience on a bungee and that experience has been documented and signed off by a mechanic or licensee.

An ADM-B certificate holder who does not have the required documented experience on a class of device shall not perform the functions referred to above without supervision by the holder of an ADM-B certificate who has such experience.

#### ADM-I Certificate

An ADM-I certificate holder may, without supervision, perform installation, service and maintenance functions, including erection and dismantling, with respect to an inflatable device, but only if the person has 240 hours of experience on that class of inflatable device and that experience has been documented and signed off by a mechanic or licensee.

An ADM-I certificate holder who does not have the required documented experience on a class of device shall not perform the functions referred to above without supervision by the holder of an ADM-I certificate who has such experience.

### Proof of Experience - Mandatory Information Requirement:

- a) Applicants for any class of certificate outlined above will be required to submit, along with the application and fee, 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 indicating the type of work performed;
- b) If a letter cannot be obtained from the employer, the applicant may provide a written statement of work experience, stamped by a notary public or a commissioner of oaths. This declaration must include names of present and former employers, addresses, telephone number; the exact dates of employment and a detailed description of the work performed and the type(s) of amusement devices worked on during the employment periods;
- c) The detailed description of the type of work performed, i.e. installation, maintenance, service, etc., and the types of amusement devices worked on during the qualifying period will be outlined in the accompanying experience summary.

### Out-of-Province Applicants

Out-of-Province applicants for the TSSA Certificate of Qualification who have completed recognized training programs in their home jurisdiction are to be referred to Quality and Standards, TSSA, for an out-of-province candidate assessment.

### Examination/Evaluation

The TSSA examination for Certificate of Qualification will be made up of questions focused on safe work practices specific to the industry and on the Act, Code and Regulations. In order to meet the certification requirements, an examinee must successfully pass the examinations set out by TSSA. The minimum acceptable grade for meeting this requirement is 70%.

### 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 provincial examination for certification?
- Have you enclosed the letter(s) from your past and present employer(s)?
- Have you enclosed the application fee make payable to Technical Standards and Safety Authority (TSSA)?

*\*Information provided in this application is releasable under the Freedom of Information and Privacy Protection Act and may be disclosed upon request.*



Technical Standards and Safety Authority  
 345 Carlingview Drive  
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 Email: intake@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. HST Registration No: 891131369.

## Payment Options:

**Credit Card - Click link below**

[TSSA 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