

Technical Standards and Safety Authority 345 Carlingview Drive

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Application for Reinstatement as a Ski Passenger Ropeway Consultant Contractor

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

TSSA Contractor Registration No.:										
Company (Owner/Operator=):										
Corporation No: /Business Identificati	on No :				Name of Contact:					
Bus. Telephone No:		ddress:								
Please provide complete Mailing	address in the	fields provided b	elov	v						
Street No:		Unit/Suite:								
City/Town:		Province:								
Bus. Telephone No:		•			Fax No:					
If your business location address	is <u>different</u> fro	om your mailing	addı	ress, pleas	e complete this section					
Street No:	Street Name:				Unit/Suite:					
City/Town:	1	Province:			Postal/Zip Code:					
Bus. Telephone No:	sus. Telephone No: Fax No:									
Consultants (contractors) must regi for all applicable device classes. So				To be el	e or work is limited * mark here. ligible for registration in a spec mechanic whose scope and o					
Device Class		ion Related			device class. Qualified Mechanic	Certificate Type	Certificate No.			
Class 8: Passenger Ropeway		to	Y	Name of	Quanned Mechanic	Certificate Type	Certificate No.			
Passenger Ropeway - Chair Lifts with detachable grips										
Passenger Ropeway - Chair Lifts with fixed grips										
Passenger Ropeway – Gondola Lifts										
Passenger Ropeway – Reversible Ropeways										
Passenger Ropeway - Aerial Tramways										
Passenger Ropeway- Surface Bar Lifts										
Passenger Ropeway- Surface Lifts made of Fiber or Wire										
Passenger Ropeway- Secondary										

Carrier (tube tow)

FEES

Ente	r#of									
ye	ars									
ope	rating									
with	out a	Current	Total	Contractor Registration	Fee			Total		Total
Regis	tration	Year	Years	(Installation and/or Maintenance)	Туре	Fee		Years		Fees Due
				Passenger Ropeway Owner Consultant	Flat	224.50	х		=	

	Total Reinstatement Fees
75.00	Late Payment Fee
	Total Amount Due

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

2

Click here to access TSSA Service Prepayment Portal

ΑII	required	fees	must	be	prepai	d t	for app	icat	ion	to	be	processed	۱. ا	Fees	are	non-	refu	nd	ab	le.
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Appplicant's Statement: The undersigned applicant states(on behalf of the company) that

•His/her company when registered as a consultant (contractor) will comply with all requirements of the Technical Standards and Safety Act, Elevating Devices Regulation

•His/her company will ensure that all mechanics or engineers 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, listed mechanics or engineers 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	Signature