

Request for Relocation of an Elevating Device Licence

Technical Standards and Safety Act
Elevating Devices Regulations

Company Name:									
Address	s:								
Telephone No.:		Fax No.:							
E-mail:									
Installa	tion numbers:								
Building	g address:								
The pro	posed remote location:								
		FEES on No: 89113130	69)						
Select	Service			Fee	HST	F	Total ees Due		
	Request for Relocation of an Elevating Device	Licence	\$	75.50	\$ 9.8	<u> </u>	85.32		
	Total Fees Due					\top			
				1					
	If paying by credit card, amo					paym	ent Portal		
All required fees must be prepaid for application to be processed.									
Fees are non-refundable.									
	For payment options,	see Payment Ins	truc	tions					
Da	ate Name		Signature						

Please note: A confirmation letter will be sent to the submitter upon processing.



PAYMENT INSTRUCTIONS

TSSA use only	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

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