



Technical Standards and Safety Authority
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 Email: CustomerManagement@tssa.org
 Customer Service: 1.877.682.8772
 www.tssa.org

Application for Reinstatement as an Elevating Devices Consultant (*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: | Alternate: | Fax: | E-mail: |
| For targeted electronic mailings, provide contacts as shown: | Please direct any Financial correspondence to the email of: | | |
| | Direct Inspection Reports, Operational & Safety messaging to: | | |

| | | | | |
|--|---|-----------------------------------|-------------------------|------------------------|
| Consultants (<i>contractors</i>) must register their scope of consultancy for all applicable device classes. Select all that apply. | If scope or work is limited* mark here. To be eligible for registration as a consultant (<i>contractor</i>) limited to examinations and testing in a specific device class, list one currently qualified mechanic whose scope and experience is applicable to the selected device class. | | | |
| ↓ | | | | |
| Device Class | Consultation related to | 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 Registration | Current Year | Total Years | Registration | Fee Type | Fee | Total Years | Total Fees Due |
|---|--------------|-------------|---|----------|--------|-------------|----------------|
| | | | Elevating Devices Consultant (Contractor) | Flat | 262.50 | x | = |

| | |
|--------------------------|-------|
| Total Reinstatement Fees | |
| Late Payment Fee | 75.00 |
| Total Amount Due | |

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

Value in Box 2 to be entered in TSSA Service Prepayment Portal
 Click here to access [TSSA Service Prepayment Portal](#)

*If scope is limited, specify limitations here:
 example (interior cab renovation only)

Applicant'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 |
|-------------|--------------------------------------|-------------------------|------------------|