Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300 Fax: 416.234.9169 Email:CustomerManagement@tssa.org Customer Service: 1.877.682.8772

Application for Reinstatement as an Elevating Devices Evacuation Contractor

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

Company Corporate Name (Contractor)					Corporation Number				TS	TSSA Contractor Registration No.		
Name of Contact					Telephone Number					mail:		
Business Address: Street No.					Street Name							
Town/City Township/County:					Province: Po					l Code:		
Telephone:			E-mail:									
If operating as a Partnershi please specify the Name of	nip, First Name						La	Last Name				
Mailing Address S (if different from above):	Street Name						1					
Town/City Township/County:					Province: P					Postal Code:		
Telephone: Fax:			E-mail:									
For targeted electronic mailings,			Please direct any Financial correspondence to the email of					nail of:				
provide contacts as shown:					Operational & Safety messaging							
					- p							
Evacuation Contractors mu have been trained to perform			s of the d	levice(s) for wh	nich employee(s)		rescue	e opera	tions, a	nd date c	e(s) Qualified to perform of last training. Record o ed with application.	
Address			Device Installation Numbers				Name of Employee			Date of last training		
					FEES*							
*Note: Engin	eering and/oi	Enter#of years operating without a egistration r Inspection s on and will be	ervices may	Elevating Devices Evan	gistration	Fee Type Flat			Total Fees Due			

Applicant's Statement: The undersigned applicant states (on behalf of the company) that:

• His/her company when registered as an evacuation contractor will comply with all requirements of the *Technical Standards and Safety Act*, Elevating Devices Regulation.

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- His/her company will ensure that all listed employees have received evacuation training by an accredited training provider and have been instructed in the specific evacuation procedures for the listed installation numbers, and maintain an up-to-date list of all employees trained including applicable training dates
- His/her company has written operating procedures applicable to rescue operations for each device listed.
- The applicable employee records of training are included with the application.
- 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