

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

www.tssa.org

## **Application for Reinstatement as an Elevating Devices Owner Contractor**

under Ontario's **Technical Standards and Safety Act** 

Elevating Devices Regulation

Company Corporate Name (Contractor)				Corporation Number	TSSA Contractor Registration N						
Name of Contact				Telephone Number		E-mail:					
Business Address: Street No.				Street Name							
Town/City Township/County:					Province:		Postal Code:				
Telephone:	Fa	Fax:			E-mail:						
If operating as a Partnership or Sole Proprietorship, please specify the Name of the Owner			ne		Last Nar	ne					
Mailing Address (if different from above): Street No.					Street Name						
Town/City Township/County:				Province:		Postal Code:					
Telephone: Fax:			E-mail:								
For targeted electronic mailings,		·			cial correspondence to the er						
provide contacts as shown: Direct Inspection Reports and Operational & Safety messaging to:											
					<u> </u>						
Owner Contractors must regist maintenance activities for all	ter their <b>sco</b>	pe of			or work is <b>limited</b> * mark he						
classes. Select all that apply.	applicable (	device			e eligible for registration in a s anic whose scope and experi						
Device Class	vice Class Maintenance No o		1 W	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>											
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## FEES\*

Enter # of years operating without a Registration	Current Year	Total Years	Contractor Registration (Installation and/or Maintenance)	Fee Type	Fee		Total Years		Total Fees Due
			100 or less devices	Flat	315.00	X		=	
			101 - 500 devices	Flat	1,260.00	x		=	
			501 - 1,000 devices	Flat	3,150.00	x		=	
			1,001 - 2,000 devices	Flat	4,200.00	X		=	
			2,001 - 3,000 devices	Flat	5,250.00	X		=	
			3,001 - 5,000 devices	Flat	15,750.00	X		=	
			5,001+ devices	Flat	26,250.00	x		=	

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

Total Reinstatement Fees	
Late Payment Fee	75.00
Total Amount Due	
 6	_

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: annual testing by registered contractors	

If the selected scope of work includes **Maintenance**, submit a complete listing of all devices currently maintained. Electronic files in excel format must be e-mailed to <a href="mailto:CustomerManagement@tssa.org">CustomerManagement@tssa.org</a>
Lists shall be provided with two columns with the following headings

Contractor Registration No. ED Installation (Device) No. Service Contract Expiry Date (mm/dd/yyyy)

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

- His/her company when registered as an owner contractor will comply with all requirements of the *Technical Standards and Safety Act*, Elevating Devices Regulation.
- His/her company will ensure that all mechanics 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 and listed mechanics 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

FORM#: ED-013-v5