

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

Reinstatement Application for an Elevating Device License

Under Ontario's Technical Standards and Safety Act Elevating Devices Regulation

Installation/Licence Number

_ocation/Address

A. OWNER/LIC	OWNER/LICENSEE INFORMATION - "Owner" includes the owner of the building in which an elevating device is						
located, the per	son in charge of the de	vice as the holder of the licence, less	see, agen	t, owner of the device, or otherwise, but does			
not include an a	attendant, property man	ager or operator of the device.					
Owner/Licensee N	lame*		Accou	nt No.			
PRIMARY ADD	RESS* (Physical lo	cation of the business, canno	ot be a F	PO Box)			
Street No.	Street Name		Unit				
Town/City		Province		Postal Code			

B. CURRENT PROPERTY MANAGEMENT COMPANY (If applicable)						
Company Name						
Contact Name	Email	Telephone No.				

DRESS* same as pr	imary address 🗆 Yes 🗆 No	o (Invoices will	be mailed to	this address)
Street Name		Unit		PO Box
	Province		Postal Co	
elivery Method		E-invo	ice email ac	ddress:
s 🗆 No				
DDRESS* same as	billing address 🗆 Yes 🗆 No	o (Licences will	be mailed to	o this address)
Street Name		Unit		PO Box
	Province		Postal Co	ode
tractor*				
	Street Name elivery Method s No DDRESS* same as Street Name	Street Name Province elivery Method s No DDRESS* same as billing address Yes No Street Name Province	Street Name Unit Province E-involution elivery Method E-involution s □ No DDRESS* same as billing address □ Yes □ No (Licences will Street Name Unit Province Province	Province Postal Co elivery Method E-invoice email ad s □ No DDRESS* same as billing address □ Yes □ No (Licences will be mailed to Street Name Unit Province Postal Co

Contractor Name:	Contractor Registration No.
	5
Maintenance Agreement Please check one: Expl	y Date(dd-mm-yyyy) 🛛 Automatic Renewal

Please provide two dates (dd-mm-yyyy) and time frame for the inspection at the site once your application has been successfully processed. TSSA will try to accommodate requested inspection dates as feasible based on Inspector availability.

Notes for selecting dates:

- 1) Dates selected must be a minimum of 15 business days from the submission of the application
- 2) If no date(s) are provided, an inspection date will be assigned for you



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

Reinstatement Application for an Elevating Device License

Under Ontario's Technical Standards and Safety Act Elevating Devices Regulation

Mandatory Inspection*						
Preferred Inspection Date:		Time Frame:	□ Morning (8am – 11am) □ Afternoon (12pm – 3pm)			
	(dd-mm-yyyy)					
Alternative Inspection Date: _		_ Time Frame:	□ Morning (8am – 11am) □ Afternoon (12pm – 3pm)			
	(dd-mm-yyyy)					
Site Contact Name & Phone number:						

Should the preferred/alternate date be unavailable, we will schedule the earliest availability

For a successful inspection to put your device back in service, please contact your maintenance contractor to ensure the following work is completed/confirmed:

- Compliance with any outstanding inspector orders and/or safety tasks
- Compliance with any applicable codes
- Compliance with any applicable safety requirements ie. director's orders, manufacturer bulletins, etc
- Required maintenance and logbook are up-to-date
- Access to all areas of the device required for inspection ie. Lobbies and machine room

If this work is not complete:

- The device will not be put back into service
- The Inspector will issue orders for all the non-compliances to be corrected
- A Follow-Up inspection will be required
- Additional fees will be applied

Declaration: I hereby declare that as the owner/licensee of this elevating device, I am responsible for the operation of the

device and for ensuring that the device is properly serviced and maintained by a maintenance contractor as required by

O.Reg 209/01 (Elevating Devices).

The Reinstatement Fee is non-refundable

Note: This application will not be processed without the required Reinstatement fee

Date (dd-mm-yyyy)	Applicant's Official Capacity	Applicant's Name	Signature	

FEES

Enter # of years operating									
without a	Current	Total		Fee			Total		Total
License	Year	Years	Licenses	Туре	Fee	Years			Fees Due
	-		Elevators						
			3 Floors or less	Flat	272.50	x		=	
			4 - 20 Floors	Flat	359.50	x		п	
			21+ Floors	Flat	436.00	x		=	
			Other						
			Escalators or moving walk	Flat	512.00	x		=	
			Construction hoist	Flat	763.00	x		=	
			Elevating device other than above	Flat	272.50	x		=	
				Total Reinstatement Fees					
				Late Payment Fee		75.00			
				Total Amount Due					

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

Click here to access TSSA Service Prepayment Portal

2

All required fees must be prepaid for application to be processed. Fees are non-refundable.

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