

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

## Application for Reinstatement as an Elevating Devices Contractor

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

	dicate if	applying	g for <b>Multiple</b>	Contra	ctor Re	gistration Numbers and c	omplete pa	ge 3	3 of this application	
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/Count	iy:					Province:		Pc	stal Code:	
Telephone:		Fa	x:			E-mail :				
If operating as a Partnershi please specify the Name of			ietorship, F	irst Nar	ne	Last Name				
Mailing Address         Street No.           (if different from above):			Street Name							
Town/City Township/Coun	ity:					Province:		Pc	stal Code:	
Telephone:		Fa	x:			E-mail:	•			
3,,					ncial correspondence to the email of: d Operational & Safety messaging to:					
(installation and / or maintenance) for all applicable			Tob	be or work is <b>limited*</b> mark here. be eligible for registration in a specific device class, list one currently qualified chanic whose scope and experience is applicable to the selected device class.						
Device Class		Illation of	Maintenance of	* ↓	Name	e 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	6)									
Special Devices specify										
	1		1	1	1					

## FEES\*

Enter # of years operating									
without a	Current	Total	Contractor Registration	Fee			Total		Total
Registration	Year	Years	(Installation and/or Maintenance)	Туре	Fee		Years		Fees Due
			100 or less devices	Flat	327.00	x		=	
			101 - 500 devices	Flat	1,308.00	x		=	
			501 - 1,000 devices	Flat	3,269.50	x		=	
			1,001 - 2,000 devices	Flat	4,359.50	x		=	
			2,001 - 3,000 devices	Flat	5,449.50	x		=	
			3,001 - 5,000 devices	Flat	16,348.50	x		=	
			5,001+ devices	Flat	27,247.50	x		=	
				1	Fotal Reinsta	iter	nent Fee	s	
					Late	Pay	ment Fe	e	75.00
					Total	Am	iount Du	e	
					-			-	

Value in Box 2 to be entered in TSSA Service Prepayment Portal Click here to access TSSA Service Prepayment Portal

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

$\star$ If scope is limited, specify limitations here	:						
example (interior cab renovation only)							
If the selected scope of work includes <b>Maintenance,</b> submit a complete listing of all devices currently maintained. Electronic files in excel format must be e-mailed to CustomerManagement@tssa.org. Lists shall be provided with three columns with the following headings							
Contractor Registration No.	Contractor Registration No. ED Installation (Device) No. Service Contract Expiry Date (mm/dd/y						
<ul> <li>Applicant's Statement: The undersigned applicant states (on behalf of the company) that:</li> <li>His/her company when registered as a contractor will comply with all requirements of the Technical Standards and Safety Act, Elevating Devices Regulation</li> <li>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</li> <li>Applicant has self ensured that supervisory staff and listed mechanics have full knowledge of the Technical Standards and Safety Act, Elevating Devices</li> <li>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.</li> </ul>							
Date Applicant's O	fficial Capacity	Applicant's Name	Signature				



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## Multiple Contractor Registration Number Application Form

All Contractors are required to be registered as per O.Reg 209/01 s.14 and s.21. TSSA issues registered contractors with a contractor registration number. Only **one** registration number is required per contractor, but in some circumstances contractors may elect to obtain additional registration numbers to identify and track activities associated with branch or satellite offices.

Multiple registration numbers can be used for the following purposes:

- TSSA can auto email copies of periodic inspection reports to the maintenance contractor of record. If it is desirable to have inspection report
  copies sent directly to local branch offices multiple registration numbers are required
- TSSA collects statistics for the purpose of generating contractor ratings (Contractor ratings impact inspection frequencies). Where multiple contractor numbers exist, each contractor number will be assigned a contractor rating
- Multiple contractor numbers permit separated tracking and separated emailing to branch offices.

If contractors are interested in obtaining multiple registration numbers, complete one <u>branch office info</u> section below for each branch office. **Note:** A \$300 fee applies for each additional contractor number above and beyond the required main or "parent" number. Branch offices share the same contractor registration categories as those requested for the 'parent' registration. Registration category fees are not charged to branch offices.

## 'Parent' Contractor

Company Corporate Name (Contractor)	Ontario Corporation No., if applicable	TSSA Contractor Registration No.

Branch Office Info R	equest for new branch numbe	r Renewal of existing br	anch number:
Name of Contact		Telephone Number	e-mail address
Business Address:		Street Name	
Town/City Township/County:		Province:	Postal Code:
Telephone:	Fax:	e-mail for inspection reports:	

Branch Office Info Ro	equest for new branch numbe	r	Renewal of existing b	anch number:
Name of Contact		Tel	ephone Number	e-mail address
Street No. Business Address:			eet Name	
Town/City Township/County:		Pro	vince:	Postal Code:
Telephone:	Fax:	e-m	ail for inspection reports:	

Branch Office Inf	o Re	quest for new branch numbe	r Renewal of existing br	anch number:
Name of Contact			Telephone Number	e-mail address
Business Address:	Street No.		Street Name	
Town/City Township/County:			Province:	Postal Code:
Telephone:		Fax:	e-mail for inspection reports:	

Branch Office Info	Request for new b	ranch number Renewal of a	existing branch number:		
Name of Contact		Telephone Number	e-mail address		
Business Address:	treet No.	Street Name	Street Name		
Town/City Township/County:		Province:	Postal Code:		
Telephone:	Fax:	e-mail for inspection re	ports:		