

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 Consultant (Contractor)

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

Company Corporate Name (Contractor)									ation N	Number			TSSA Contractor Registration No.		
Name of Contact									one N	umber			E-mail:		
Business Address: Street No.									Street Name						
Town/City Township/County:									e:			Р	ostal Code:		
Telephone: Fax:								E-mail:							
If operating as a F	Fire	st Nar	Last Name												
please specify the Name of the Owner						stitui						Luot Nume			
Mailing Address (if different from above						lame									
Town/City Township/County:								Province: F					Postal Code:		
Telephone:	nate:	ite:							E	E-mail:					
						any Financial correspondence to the email of:									
For targeted elect															
provide contacts as shown: Direct Inspection Reports, Operational & Safety messaging to:															
	()						 If score 	pe or work	is lim	ited* m	ark her	e.			
Consultants (contractors) must register their scope								eligible for registration as a consultant (contractor) limited to examinations							
Select all that apply.							and te	esting in a specific device class, list one currently qualified mechanic whose e and experience is applicable to the selected device class.							
Device Class	Device Class			relate	ed to		Name	e of Quali	fied N	N echanic			Certificate Type	Certificate No.	
Elevators	<u> </u>														
Dumbwaiters		ļ													
Escalators	ļ														
Moving walks		ļ													
Shopping cart conveyors															
Freight platform /Material lift		 													
Lift for persons w/disabilities															
Manlifts		 													
Construction Hoists															
Inclined lifts															
Stage lifts Parking Garage Lifts															
Parking Garage Lins Passenger Ropeways (Ski Lifts)															
Special Devices specify															
Special Devices specily		Τ													
							FEES*								
		Enter # of years													
		without a Registration		Total Years			Registration		Fee Type	Fee	Total Years	Total Fees Due			
	Registration	i i cui	rears	Elevating		Consultant (Cor	ntractor)	Flat	272.50		recobac				
									Tot	tal Reinstate					
*Note: E		and/or Inspe					o reinstate	the license/			yment Fee nount Due	75.00			
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 S	ervice Pi	repayment Por	tal		
*If scope is limited,							_								
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															
which they are assig	 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 the Technical Standa				, knowi	ingly ma	aking	a false st	atement or	furnis	shing fal	se infoi	rmation is ar	offence under sect	tion 37 (1)(b) of	
								cant's Name					Signature		
			•	-			-1-1		-				-		

▲ Registration fees are annual, non refundable and payable to Technical Standards and Safety Authority