

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 Evacuation Contractor under Ontario's Technical Standards and Safety Act

Elevating Devices Regulation

Company Corporate Name (Contractor)				Corporation Number	TSSA Contractor Registration No.		
Name of Contact				Telephone Number	E-mail:		
Business Address:	siness Address:			Street Name			
Town/City Township/County:				Province:	Postal Code:		
Telephone:	Telephone: Fax:			E-mail:			
If operating as a Partnership or Sole Proprietorship, First Name please specify the Name of the Owner				Last Name			
Mailing Address Street No. (if different from above):				Street Name			
Town/City Township/County:				Province:	Postal Code:		
Telephone:	elephone: Fax:			E-mail:			
For targeted electronic m	nailings,	Please direct any Financial correspondence to the email of:					
provide contacts as show	vn:	Direct Insp	ection Reports and	Operational & Safety messaging to:			

Evacuation Contractors must indica have been trained to perform rescu	ate the address of the device(s) for which employee(s) ie operations.	Provide Name(s) of Employee(s) Qualified to perform rescue operations, and date of last training. Record of training must be attached with application.				
Address	Device Installation Numbers	Name of Employee	Date of last training			
			-			
	FFES					

	Current	Total		Fee		Total	Total	
Enter # of years operating without a Registration	Year	Years	Registration	Туре	Fee	Years	Fees Due	
			Elevating Devices Evacuation Contractor	Flat	272.50	x =		
Total Reinstatement Fees								
	Late Payment Fee			75.00				
*Note: Engineering and/or Inspection services may be required to reinstate the license/						Total Amount Due		
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 Service Prepayment Portal

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.

• 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