

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 Owner 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: Street No.			Street Name			
Town/City Township/County:				Province:		Postal Code:
Telephone: Fax:				E-mail:		
If operating as a Partnership o please specify the Name of the			First Name		Last Na	me
Mailing Address Stree (if different from above):	t No.		·	Street Name		
Town/City Township/County:				Province:		Postal Code:
Telephone: Fax:			E-mail:			
For targeted electronic mailing	,	Please direct any Financial correspondence to the emai			email of:	
provide contacts as shown:		Direct Inspection Reports and Operational & Safety messaging to:				

Maintenance No of Units	maintenance activities for all applicable device classes. Select all that apply.				To be eligible for registration in a specific device class, list one currently qualified mechanic whose scope and experience is applicable to the selected device class.				
DumbwaitersImage: scalatorsImage: sca	Device Class			¥	Name of Qualified Mechanic Certificate		ype Certificate No.		
EscalatorsImage: Construction HoistsImage: Construct	Elevators								
Moving walksImage: ConveyonsImage: Co	Dumbwaiters								
Shopping cart conveyors Image: Conveyors	Escalators								
Freight platform /Material lift Image: Construction Hoists Image: Construction Hoists Image: Construction Hoists Inclined lifts Image: Construction Hoists Image: Construction Hoists Image: Construction Hoists Stage lifts Image: Construction Hoists Image: Construction Hoists Image: Construction Hoists Parking Garage Lifts Image: Construction Hoists Image: Construction Hoists Image: Construction Hoists Parking Garage Lifts Image: Construction Hoists Image: Construction Hoists Image: Construction Hoists Parking Garage Lifts Image: Construction Hoists Image: Construction Hoists Image: Construction Hoists Parking Garage Lifts Image: Construction Hoists Image: Construction Hoists Image: Construction Hoists Parking Garage Lifts Image: Construction Hoists Image: Construction Hoists Image: Construction Hoists Passenger Ropeways (Ski Lifts) Image: Construction Hoists Image: Construction Hoists Image: Construction Hoists	Moving walks								
Lift for persons w/disabilities Image: Construction Hoists	Shopping cart conveyors								
Manlifs Image: Construction Hoists Image: Constructio	Freight platform /Material lift								
Construction Hoists Inclined lifts	Lift for persons w/disabilities								
Inclined lifts Image: Constraint of the second se	Manlifts								
Stage lifts Image: Constraint of the second secon	Construction Hoists								
Parking Garage Lifts	Inclined lifts								
Passenger Ropeways (Ski Lifts)	Stage lifts								
	Parking Garage Lifts								
Special Devices <i>specify</i>	Passenger Ropeways (Ski Lifts)								
	Special Devices specify								

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	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			=	

*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	
ared in TSSA Service Prenavment Portal	2

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.

*If scope is limited, specify limitations here example: annual testing by registered contr						
If the selected scope of work includes Mai must be e-mailed to <u>CustomerManageme</u>		es currently maintained. Electronic files in excel format wo columns with the following headings				
Contractor Registration No. ED Installation (Device) No. Service Contract Expiry Date (mm/dd/yyyy)						
Applicant's Statement: The undersigned	l applicant states (on behalf of the company) that	at:				
 His/her company when registered as an o Regulation. 	wner contractor will comply with all requirements o	of the Technical Standards and Safety Act, Elevating Devices				

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