



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

# Application for Training Provider Accreditation

*Technical Standards and Safety Act*

## Training Organization/Company Name (PLEASE PRINT)

Street No.	Street Name		
City	Province	Postal Code	
Contact Name	Telephone No.	Email	
Billing Address (only if different from Mailing Address)			
Street No.	Street Name		
City	Province	Postal Code	
Contact Name	Telephone No.	Email	

### 1. I/We are applying for Accredited Training Provider status for the following Program(s):

Name of Course	No. of hours		Number of Participants	Type of Materials Used (Own, CSA, TSSA, other)
	Theory	Practical		

- ☐ Provide copy of Theory Exam and Answer Sheet intended to be used (if applicable)
- ☐ Provide copy of Training Details (Including, Program Material for Participants and Instructors (if applicable)

### 2. Provide Instructor(s) Information: (use additional space for further information)

Full Name of Instructor		
Last Name	First Name	Initial
Street No.	Street Name	
City	Province	Postal Code
Telephone No.	Email	Certificates Held (as applicable to Program(s))

- ☐ Provide copy of resume(s) for each instructor or ROT Instructor Practical Experience Signoff Information.

### 3. Provide Information for Lab Details (if applicable). Please attach forms as indicated below:

- ☐ Schedule C - Equipment Details
- ☐ Schedule D - Inventory of Tools, Meters and Training Aids
- ☐ Lab Layout of Facility

### 4. Provide Information for Examination(s) (if applicable)

- ☐ Schedule E - Theory/Practical Examinations

### 5. Please provide any additional information applicable to this application on a separate sheet.

**Making a false statement may result in a fine and/or revocation of authorization. Failure to provide required information will result in delayed processing.**

**Declaration: I/We certify the information that I/We have provided is true and accurate to the best of my/our knowledge.**

Signature(s) of Signing Authority	Date (dd-mm-yyyy)
-----------------------------------	-------------------



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

# Application for Training Provider Accreditation

*Technical Standards and Safety Act*

## FEES

HST Registration No. 891131369

Select	Service	Fee Type	Fee	HST	Fee (Including HST)
	Initial application processing fee	Flat	\$ 175.50	22.82	\$ 198.32

Total Fees Due			
	<b>1</b>		

If paying by credit card, amount in Box 1 to be entered in TSSA Service Prepayment Portal

Please note that a review of all materials and lab approvals are charged at the applicable hourly labour rate based on TSSA's posted fee schedule and will be billed separately.

**All required fees must be prepaid for application to be processed. Fees are non-refundable.**  
**For payment options, see Payment Instructions**



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

## PAYMENT INSTRUCTIONS

<b>TSSA use only</b> WO # _____	L # _____ CH # _____
------------------------------------	----------------------

If paying by cheque, bank draft, money order, this form must accompany all applications submitted to TSSA. A separate payment form is required for each application. Please refer to our fee schedule posted on our website [www.tssa.org](http://www.tssa.org). HST Registration No: 891131369.

### Payment Options:

**Credit Card - Click link below**

**[TSSA Service Prepayment Portal](https://forms.tssa.org/Payments/Service-Prepayment-Portal)**

<https://forms.tssa.org/Payments/Service-Prepayment-Portal>

**Cheque, Bank Draft or Money Order (payable to Technical Standards and Safety Authority)**

Name of Applicant/Organization:

Telephone No:

Email Address:

Cheque/Bank Draft/Money Order #: \_\_\_\_\_

**Mail payment along with a copy of your application to:**

Attention: Accounts Receivable  
Technical Standards and Safety Authority  
345 Carlingview Drive  
Toronto, Ontario M9W 6N9

If a copy of the application is not submitted with your payment, this will delay the processing of the application.

Dishonored Payments: A \$35 administration fee will apply for each returned item