



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
 Email: customermanagement@tssa.org
 www.tssa.org

Elevating Devices - Change of Information
 Under Ontario's *Technical Standards and Safety Act*
 Elevating Devices Regulation

Complete this form to report changes of information.

Please check: Change of Property Management
 Change of Mailing Address

NOTE: Please include a complete list of all elevating devices installation numbers and licence numbers affected by this change.
 (Use separate sheet, if necessary).

Effective Date: _____
 (dd-mmm-yyyy)

A. PREVIOUS PROPERTY MANAGEMENT COMPANY (If applicable)

Company Name	Corporation No.
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B. CURRENT PROPERTY MANAGEMENT COMPANY (If applicable)

Company Name	Corporation No.
Contact Name	Email
	Telephone No.

C. MAILING INFORMATION. Licences, renewals, and invoices will be mailed to this address.

Company Name	Corporation No.
Contact Name	Email
	Telephone No.
<i>Mailing Address</i> Street No.	Street Name
Town / City or Township / County	Province
	Postal Code

D. INFORMATION REQUIRED ON THE PROPERTY BEING MANAGED.

1. Owner/Licensee Information

Owner Name	Customer No.
Contact Name	Email
	Telephone No.

Device Location Address

Street No.	Street Name
Town / City or Township / County	Province
	Postal Code

List of Installation/Licence Numbers Maintained

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Date (dd-mmm-yyyy)	Applicant's Official Capacity	Applicant's Name	Signature
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Provide owner name and device installation numbers for the properties affected by this change. (Use separate sheet, if necessary.)

2. Owner/Licensee Information			
Owner Name		Customer No.	
Contact Name	Email	Telephone No.	
Device Location Address			
Street No.	Street Name		
Town / City or Township / County		Province	Postal Code
List of Installation/Licence Numbers Maintained			

3. Owner/Licensee Information			
Owner Name		Customer No.	
Contact Name	Email	Telephone No.	
Device Location Address			
Street No.	Street Name		
Town / City or Township / County		Province	Postal Code
List of Installation/Licence Numbers Maintained			

4. Owner/Licensee Information			
Owner Name		Customer No.	
Contact Name	Email	Telephone No.	
Device Location Address			
Street No.	Street Name		
Town / City or Township / County		Province	Postal Code
List of Installation/Licence Numbers Maintained			

Date (dd-mmm-yyyy)	Applicant's Official Capacity	Applicant's Name	Signature
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