Technical Standards and Safety Authority 345
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Application for Reinstatement as an Elevating Devices Evacuation Contractor

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

Clear Form

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 or Sole Proprietorship, please specify the Name of the Owner	First Name		Last Name
Mailing Address (if different from above):	Street No.	Street Name	
Town/City Township/County:		Province:	Postal Code:
Telephone:	Fax:	E-mail:	
For targeted electronic mailings, provide contacts as shown:	Please direct any Financial correspondence to the email of:		
	Direct Inspection Reports and Operational & Safety messaging to:		

Evacuation Contractors must indicate the address of the device(s) for which employee(s) have been trained to perform rescue 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**

FEES

Enter # of years operating without a Registration	Current Year	Total Years	Registration	Fee Type	Fee		Total Years		Total Fees Due
-			Elevating Devices Evacuation Contractor	Flat	279.00	x		=	

Total Reinstatement Fees	
Late Payment Fee	75.00
Total Amount Due	

Value in Box 2 to be entered in TSSA Service Prepayment Portal: 2

Click here to access TSSA Service Prepayment Portal

***Note: Engineering and/or Inspection services may be required to reinstate the license/ registration and will be billed as a separate fee**

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 mainatain 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**

FORM #: ED-011-v7