



Technical Standards and Safety Authority  
 345 Carlingview Drive  
 Toronto, Ontario M9W 6N9  
 Customer Service: 1.877.682.8772  
 Fax: 416.734.3568  
 Email: publicinformationsservices@tssa.org  
[www.tssa.org](http://www.tssa.org)

# Application for Release of Public Information

## Elevating Devices

Issued under the Access and Privacy Code

**A. REQUESTOR INFORMATION:**

Your File/Project/Reference No: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor Name:		Organization		<b>For Office Use Only</b>	
Suite/Unit No:	Street No:	Street Name:			Authorization No.
City:	Province:	Postal Code:			Account No.
Primary Phone:		Secondary Phone:			SR No.
Email:		Fax:			P.I No:

**B. DETAILS OF REQUEST** (please list in detail the information you require)

**C. PLEASE ANSWER ALL THAT APPLY** (up to 4 requests per application):

	Request 1	Request 2	Request 3	Request 4
<b>Address of Subject Location:</b>				
Street # and Name*				
City				
Province				
Postal Code:				
<b>Device/Equipment Type:</b>				
<b>Owner:</b>				
<b>CRN (if applicable):</b>				
<b>OIN (if applicable):</b>				
<b>Serial # (if applicable):</b>				
<b>Victim Name (if applicable):</b>				
<b>Certificate Holder:</b>				
Name				
Date of Birth(DD-MM-YY)				
<b>Date/Period Requested:</b>				
Most Recent				
or				
From (date)				
To (date)				

\* Enter only one address per request (e.g. 1 Any Street)



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**D. REASON FOR REQUEST** (please explain the reason for your request)

**E. TERMS AND CONDITIONS:**

Please refer to the link for our Access and Privacy Code [Access and Privacy Code.pdf](#). If this request includes a release of personal information, TSSA will require consent from the effected party.

Applicant Signature	Date
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**F. FEES & PAYMENT:**

If you need assistance in determining the quantity and service type, please contact us at: publicinformationsservices@tssa.org before completing this form. TSSA will provide a fee quote for multiple record requests, which must be approved by the Applicant before a record search commences. For fees for single searches, please see below or refer to our [Website Fee Schedule.pdf](#)

**(HST Registration No: 891131369)**

Enter Quantity	Service	Fee Type	Fee	HST	Total (Including HST)	Quantity	=	Total Fees Due
<b>WRITTEN REPLIES FOR INDIVIDUAL RECORDS</b>								
	Devices inspection reports and "No Record" letters	Per Report	\$ 40	\$ 5.20	\$ 45.20	x	=	
	Devices status report (6 devices per report)	Per Report	\$ 70	\$ 9.10	\$ 79.10	x	=	
	Devices incident/occurrence reports	Per Report	\$ 80	\$ 10.40	\$ 90.40	x	=	
	Copy of Design Submission	Per Device	\$ 80	\$ 10.40	\$ 90.40	x	=	
	Written/hard copy confirmation of licensing, certification, registration	Per Item	\$ 50	\$ 6.50	\$ 56.50	x	=	
<b>SUPPLYING MULTIPLE RECORDS</b>								
	Pulling files, looking up information on computer. Researching information (consulting with other staff & sources)	Per Hour*	\$ 120	\$ 15.60	\$ 135.60	x	=	
	Research and/or review of documents for disclosure. Computer costs (programming, consulting, researching)	Per Hour*	\$ 120	\$ 15.60	\$ 135.60	x	=	

<b>Total Fees Due</b>					
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**1**

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

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

\*Supplying multiple records will be charged at the applicable hourly rate. One hour minimum fee required with submission, any additional hours will be invoiced. **Note: Expedited (Rush) service is not available for Public Information requests.**



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## PAYMENT INSTRUCTIONS

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

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