



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

## Ski 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>                       |           |           |           |           |
| CRN (if applicable):                |           |           |           |           |
| OIN (if applicable):                |           |           |           |           |
| Serial # (if applicable):           |           |           |           |           |
| Victim Name (if applicable):        |           |           |           |           |
| <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 |
|---------------------|------|

**F. FEES & PAYMENT:**

If you need assistance in determining the quantity and service type, please contact us at: publicinformationservices@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> | <b>1</b> |
|-----------------------|----------|

If paying by credit card, value 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