



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Fax: 416.231.4903
 Customer Service: 1.877.682.8772
 Email: certandexams@tssa.org
 www.tssa.org

Application for an Ontario Certificate of Qualification as a Ski Lift Mechanic

Technical Standards and Safety Act
 Certification and Training of Elevating Devices
 Mechanics Regulation

I am applying for certification as a(n):

For Office Use Only
Date
Account No.
SR No.
Certificate No.

Full Name of Applicant and Home Address

Last Name		First Name		Middle Name	
Street No.	Street Name				
City		Province	Postal Code		New Address <input type="checkbox"/> Yes <input type="checkbox"/> No
Email					

Area Code and Telephone No. (home)

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Cell No.

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Date of Birth

Year			Month			Day		

If you now hold a Ski Lift Mechanic Certificate, give Certificate No.:

TSSA must be notified of any change of address and telephone number.

College/organization		Trainer ID No.		Examination Date								
<input style="width: 500px;" type="text"/>		<input style="width: 150px;" type="text"/>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">Year</td> <td style="width: 15%; text-align: center;">Month</td> <td style="width: 15%; text-align: center;">Day</td> </tr> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>			Year	Month	Day			
Year	Month	Day										
Address												
<input style="width: 850px;" type="text"/>												
Applicant has met all the requirements for certification: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A												
Name of Signing Authority: _____				Practical Evaluation Mark: _____								
Telephone No.: _____				Practical Evaluation Completion Date: _____								
Signature of Signing Authority: _____				Theoretical Mark: _____								

Fees: The non-refundable application processing fee must be included for all applications including pass or fail grades.
 Make cheque, money order, VISA or MasterCard payable to TSSA.

Note: 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 certify the information I have provided is true. I authorize the above named training organization to submit this application and fee on my behalf.

Signature of Applicant	Date (dd-mmm-yyyy)

GUIDELINES FOR SKI LIFT MECHANICS, Form No. ED 09163

Proof of Experience - Mandatory Information Requirement:

- a) Applicants for any class of certificate outlined above are required to submit, along with the application, a letter(s) from past and present employers, written on company letterhead and signed by an officer of the company, stating the exact dates of employment and giving detailed descriptions of the type of work performed. Only if a letter(s) is/are not available from the employer, a letter from a union local containing the **same information** would be acceptable.
- b) The detailed description of the type of work performed, i.e. installation, maintenance, service... etc., and the type(s) of ski lift devices worked on during the qualifying period will be outlined in the accompanying "Sign-Off Documentation".

Out-of-Province Applicants

Please note that out-of-province applicants may be required to first write the qualifying examination and pass a practical skills evaluation.

Examination:

Applicants must have successfully passed the provincial (or equivalent) examination for the relevant class of certificate with a minimum of 70%. A notice of completion provided by an accredited training and/or examining organization must accompany the application.

Applicants must have attended the full safety training workshops related to the elevating device industry. A certificate of completion must accompany the application.

Checklist:

In order for this application to be complete, please review the following:

- Did you complete the application form in full?
- Have you enclosed your transcripts for courses completed towards the applicable certificate?
- Have you enclosed the certificate of completion of the applicable B. Title B. Title provincial examination for certification?
- Have you enclosed the letter(s) from your past and present employer(s) and/or union local?
- Have you enclosed the certificate of completion for the required safety training?
(if taken separately from the full training curriculum)
- Have you enclosed the application fee made payable to the Technical Standards and Safety Authority (TSSA)?

Please print and fax back this completed form to Examination Services at 416.231.4903.



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Tel: 416.734.3300
 Fax: 416.231.7290
 Customer Service: 1.877.682.8772
 www.tssa.org

PAYMENT AUTHORIZATION FORM

For Office Use Only
SR/Work Order Number: _____

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. Please pay by cheque, bank draft or money order payable to **Technical Standards and Safety Authority** or by Visa or Mastercard. The HST Registration No: 891131369

Check the appropriate box to indicate your method of payment

- Credit Card
(complete Section A & B)
- Cheque, Bank Draft or Money Order
 (payable to Technical Standards and Safety Authority)
 (enclosed & complete Section A)
 Cheque/Bank Draft/Money Order #: _____

SECTION A:

Name of Applicant/Organization:	
Telephone No:	Cell Phone:
Email address:	

SECTION B

I agree to pay Technical Standards and Safety Authority CAD \$ <input type="text"/> on my credit card for fees related to the application.	Please indicate the type of credit card <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD			
	Credit Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	Expiry date on the card ▶ <table border="1" style="display: inline-table;"><tr><td>Month</td><td>Year</td></tr></table>	Month	Year	
Month	Year			
Name of the Card Holder <input type="checkbox"/> Same as applicant	Date ▶ <table border="1" style="display: inline-table;"><tr><td>Day</td><td>Month</td><td>Year</td></tr></table>	Day	Month	Year
Day	Month	Year		
Signature of the Card Holder				

Please note that payment receipts can be requested by calling our Customer Contact Centre at 1.877.682.8772 only after the payment has been processed.

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