



Technical Standards and Safety Authority
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Application for Amusement Device Mechanic Examination

Technical Standards and Safety Act
 Amusement Device Mechanic Regulation

A. EXAMINATION CANDIDATE INFORMATION:

Note: All information must reflect the information as written on your government issued photo identification.

| | | | | | |
|--------------------------------------|------------------|-------------------|---------------------------|---------------|--|
| First Name ▼ | | Middle Name ▼ | | Last Name ▼ | |
| Date of Birth ▼ | Suite/Unit No. ▼ | Street No. ▼ | Street Name ▼ | | |
| DD - MM - YYYY | | | | | |
| City ▼ | | Province ▼ | | Postal Code ▼ | |
| Primary Phone ▼ | | Secondary Phone ▼ | | Email ▼ | |
| Current Certificate Classification ▼ | | | Current Certificate No. ▼ | | |

| For Office Use Only |
|---------------------|
| Date |
| Account No. |
| SR No. |
| Comments |

TSSA must be notified of any change of address or contact information.

This form collects personal information for the purpose of administering certification and examination activities authorized by the Technical Standards and Safety Act, 2000, S.O. 2000, c. 16.

B. I AM APPLYING FOR THE FOLLOWING EXAMINATION: Please check (✓) appropriate exam.

| | | | | | |
|-----------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|
| Amusement Devices Mechanic: | <input type="checkbox"/> ADM-AR | <input type="checkbox"/> ADM-GK | <input type="checkbox"/> ADM-WS | <input type="checkbox"/> ADM-B | <input type="checkbox"/> ADM-I |
|-----------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|

Examination Date/Time: Please complete the required fields.

| | |
|--|---|
| Preferred Examination Date/Time: _____ (dd-mm-yyyy) | Examination Location: _____ |
| Alternate Examination Date/Time: _____ (dd-mm-yyyy) | Examination Location: _____ |
| Is this a re-write? | <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other: _____ |

As the applicant submitting for an examination, I agree that I will be bound by the applicable Certification and Examinations Policies and Procedures. I agree not to duplicate or copy the examination in any manner nor will I transmit in any way any information regarding the examination to any third party. I agree that I will not bring into the examination room any materials other than the materials expressly permitted by TSSA. I further agree that I will not bring into the examination room any electronic device that is capable of reproducing any part of the examination, such as a phone, camera, smart watch, etc. I understand that there may not be any facility to securely store any electronic device and that I may be required to leave such a device, if brought to the examination, outside of the examination room unsecured. I further acknowledge if any electronic device or prohibited material is found in my possession, it may be immediately seized by TSSA or its representatives and used as evidence against me in any subsequent prosecution or Notice of Proposal to revoke or suspend my certificate, or deny my application for a certificate, as is applicable.

| | |
|---------------------|------------------------|
| Applicant Signature | Date DD - MM - YYYY |
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