



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Tel: 416.734.3300
 Fax: 416.234.9169
 Customer Service: 1.877.682.8772
 E-mail: fs_tc@tssa.org
 www.tssa.org

Application for Training Provider Accreditation

Technical Standards and Safety Act

Training Organization/Company Name (PLEASE PRINT)

Street No.	Street Name		
City	Province	Postal Code	
Contact Name	Telephone No.	Email	

Billing Address (only if different from Mailing Address)

Street No.	Street Name		
City	Province	Postal Code	
Contact Name	Telephone No.	Email	

1. I/We are applying for Accredited Training Provider status for the following Program(s):

Name of Course	No. of hours		Number of Participants	Type of Materials Used (Own, CSA, TSSA, other)
	Theory	Practical		

- Provide copy of Theory Exam and Answer Sheet intended to be used (if applicable)
- Provide copy of Training Details (Including, Program Material for Participants and Instructors (if applicable))

2. Provide Instructor(s) Information: (use additional space for further information)

Full Name of Instructor
 Last Name First Name Initial

Street No.	Street Name		
City	Province	Postal Code	
Telephone No.	Email	Certificates Held (as applicable to Program(s))	

- Provide copy of resume(s) for each instructor or ROT Instructor Practical Experience Signoff Information.

3. Provide Information for Lab Details (if applicable). Please attach forms as indicated below:

- Schedule C - Equipment Details
- Schedule D - Inventory of Tools, Meters and Training Aids
- Lab Layout of Facility

4. Provide Information for Examination(s) (if applicable)

- Schedule E - Theory/Practical Examinations

5. Please provide any additional information applicable to this application on a separate sheet.

Fees: The initial non-refundable application processing fee of \$120.00 (plus HST) must be included with this application. Please note that a review of all materials and lab approvals are charged on an hourly basis of \$120.00 per hour. Make cheque or money order payable to Technical Standards and Safety Authority (TSSA).

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/We certify the information that I/We have provided is true and accurate to the best of my/our knowledge.

Signature(s) of Signing Authority	Date
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