



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Fax: 416.231.7366
 Customer Service: 1.877.682.8772
 Email: fs_tc@tssa.org
www.tssa.org

ROT Instructor Practical Experience Sign-Off Information

Technical Standards and Safety Act

Applicant First and Middle Name: (in full) PLEASE PRINT		Applicant Signature:
Last name:		Date:
Mailing Address: Apt:		Check the ROT(s) you plan to instruct: PPO-1 PPO-2 PPO-3, PTO-1 PCI-1 CH-1 CH-2 CH-SM-1 CH-SM-2 RE-O
City:	Province:	
Postal Code:		
Date of Birth: Year/Month/Day		
Option 1. Supervising Certificate Holder Sign-off The signing authority shall be a Supervising Certificate Holder with the same ROT or higher		
Print Name:		
Certificate/ ROT Type:		
TSSA Training Provider Number:		
Option 2. Employer / Training Provider Sign-off The signing authority shall be a Company or Employer authority: Company owner, President, Chief Executive Officer (CEO) or manager.		
Company / Organization Name:		
TSSA Training Provider Number (if available):		
Print Name of Signing Authority		Title:
Proof of Practical Experience		
ROT Category	Field Experience	Signature of person signing off on experience
	Type of equipment: Length of experience: Location:	Signature: Date:
	Type of equipment: Length of experience: Location:	Signature: Date:
	Type of equipment: Length of experience: Location:	Signature: Date:
	Type of equipment: Length of experience: Location:	Signature: Date:

Making a false statement may result in a fine and/or revocation of authorization. Failure to provide required information will result in delayed processing.