



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](mailto:certandexams@tssa.org)  
 www.tssa.org

# Operating Engineers Examination Application

*Technical Standards and Safety Act*  
 Operating Engineers 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 ▼ <small>DD - MM - YYYY</small>	Suite/Unit No. ▼	Street No. ▼	Street Name ▼		
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:**

**Operating Engineers:** Please check (✓) appropriate exam.

4 <sup>th</sup> Class:	<input type="checkbox"/> 4A	<input type="checkbox"/> 4B						
3 <sup>rd</sup> Class:	<input type="checkbox"/> 3A-1	<input type="checkbox"/> 3A-2	<input type="checkbox"/> 3B-1	<input type="checkbox"/> 3B-2				
2 <sup>nd</sup> Class:	<input type="checkbox"/> 2A-1	<input type="checkbox"/> 2A-2	<input type="checkbox"/> 2A-3	<input type="checkbox"/> 2B-1	<input type="checkbox"/> 2B-2	<input type="checkbox"/> 2B-3		
1 <sup>st</sup> Class:	<input type="checkbox"/> 1A-1	<input type="checkbox"/> 1A-2	<input type="checkbox"/> 1A-3	<input type="checkbox"/> 1A-4	<input type="checkbox"/> 1B-1	<input type="checkbox"/> 1B-2	<input type="checkbox"/> 1B-3	<input type="checkbox"/> 1B-4
Labour Mobility:	<input type="checkbox"/> Provincial Knowledge							

**Plant Operators:** Please check (✓) appropriate exam.

<input type="checkbox"/> Refrigeration Operator Class B (RB)	<input type="checkbox"/> Refrigeration Operator Class A (RA)	<input type="checkbox"/> Compressor Operator (CO)	<input type="checkbox"/> Steam Traction Operation (STO)
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**Certificate Reinstatements:** Please check (✓) appropriate exam.

<input type="checkbox"/> Operating Engineer (all levels)	<input type="checkbox"/> Refrigeration Operator (B or A)	<input type="checkbox"/> Compressor Operator
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**Examination Date/Time:** Please complete the required fields.

Preferred Examination Date/Time: _____ <small>(dd-mm-yyyy)</small>	Examination Location: _____
Alternate Examination Date/Time: _____ <small>(dd-mm-yyyy)</small>	Examination Location: _____

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's Signature	Date  DD - MM - YYYY
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**C. REGISTRATION AND EXAMINATION PROCEDURES:**

- a) Examination candidates are encouraged to communicate with TSSA before submitting an examination application to confirm examination availability by contacting TSSA Examination Services at 416.734.3590. Due to a limited number of examination seats, applications are accepted on a first come, first served basis.
- b) Examination candidates are strongly encouraged to submit a completed examination application via email to: [certandexams@tssa.org](mailto:certandexams@tssa.org), a minimum of 15 business days prior to the scheduled examination date. Examination applications can also be submitted via fax to 416.231.4903. Note: it is the responsibility for the examination candidate to ensure the examination pre-payment is received, where TSSA is unable to collect the applicable pre-payment the examination candidate will not be permitted to write the applicable examination. If the non-refundable pre-payment is unable to be processed, a TSSA representative will contact you directly for immediate resolution.
- c) Applicants are solely responsible for confirming the examination date, time and location by contacting TSSA Examination Services at 416.734.3590, or via email to: [certandexams@tssa.org](mailto:certandexams@tssa.org).
- d) Examination dates are subject to change/cancellation without notice. Examination candidates are required to confirm the status of their examination no later than 10 business days prior to the scheduled examination date.
- e) On the day of the examination, candidates must produce at least one piece of government issued photo identification (i.e. valid driver's licence, Passport, or a Provincial Identification Card). The examination administrator or invigilator reserves the right to withhold an examination if a candidate fails to produce the same, the examination candidate is therefore subject to the cancellation requirements outlined in (j).
- f) A SOPEEC binder, non-programmable calculator and pencils are provided by the examination centre, examination candidates are not permitted to bring their own materials, with the exception of drawing instruments.
- g) Examination candidates are expected to follow the approved procedures of the examination centre or MTCU office. The administrator or invigilator reserves the right to permit food, beverages, washroom breaks, etc. during an examination. Exceptions are considered and reviewed on a case by case basis; however, must be requested by the examination candidate at the time of scheduling, a minimum of 10 business days prior to the scheduled examination date.
- h) Examination security will be strictly enforced. The examination administrator or invigilator reserves the right to revoke an examination at any time if the examination candidate is found to be in violation of the TSSA examination or MTCU procedures. The examination candidate will be subject to further investigation, which may result in the revocation of an authorization or restrictions may be applied to all future examinations.
- i) Examination candidates are permitted to re-schedule or cancel an examination one (1) single time after their examination has been scheduled. To meet this requirement, the examination candidate must notify TSSA in writing via email to: [certandexams@tssa.org](mailto:certandexams@tssa.org), a minimum of 10 business days prior to the scheduled examination date.
- j) Where an applicant cancels or attempts to re-schedule a confirmed examination within 10 business days, the examination fee submitted will be forfeited and a new application and payment must be submitted to TSSA.
- k) An examination candidate who has not passed the examination is eligible to re-write the examination sixty-days (60) after the previous sitting.

**D. FEES & PAYMENT**

The non-refundable certification application processing fee, as outlined in the Operating Engineers Fee Schedule, must be included for all applications. Make cheque, money order, Visa or MasterCard payable to TSSA. This application is valid for a period of 6-months.

	<b>Technical Standards and Safety Authority</b>	345 Carlingview Drive Toronto, Ontario M9W 6N9	<b>COMPLETE FOR CREDIT CARD PAYMENTS</b>				
Charge my credit card:	VISA      MASTERCARD	<b>Amount of Payment \$</b> _____					
Card #	<input style="width: 100%; height: 20px;" type="text"/>	Expiry Date	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">Month</td><td style="width: 20px; text-align: center;">Year</td></tr><tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr></table>	Month	Year		
Month	Year						
In payment of	_____						
Name of Card Holder	_____	Client Tel. No.	_____				
	<small>First Name                      Last Name</small>						
Signature of Card Holder	_____	Date	_____				
			<small>dd-mm-yyyy</small>				