



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Tel: 416.734.3300
 Fax: 416.231.4903
 Customer Service: 1.877.682.8772
 E-mail: certandexams@tssa.org
 www.tssa.org

**Application for an Ontario Certificate of Qualification
 as an Operating Engineer or Operator**
Technical Standards and Safety Act
 Operating Engineers Regulation

A. CERTIFICATION CANDIDATE INFORMATION:

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

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

New Address or Contact Information? Yes No

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 CERTIFICATION AS A(N):

<input type="checkbox"/> 4 th Class Operating Engineer	<input type="checkbox"/> 3 rd Class Operating Engineer	<input type="checkbox"/> 2 nd Class Operating Engineer	<input type="checkbox"/> 1 st Class Operating Engineer
<input type="checkbox"/> Refrigeration Operator Class A	<input type="checkbox"/> Refrigeration Operator Class B	<input type="checkbox"/> Compressor Operator	<input type="checkbox"/> Steam Traction Operator

C. APPROVED TRAINING COURSE:

To be completed by the signing authority of the Accredited TSSA Training Provider.

Training Provider ▼		Accreditation No. ▼		Program Name ▼		Date Completed ▼	
Address ▼				Phone No. ▼		Email Address ▼	
Name of Signing Authority* ▼				Signature of Signing Authority ▼			
*As the signing authority for the TSSA Accredited Training Provider, I certify that the information provided related to the approved training course is true and correct.							

As the applicant submitting for certification, I certify that the information I have provided on this application, and all subsequent pages which relate to my testimonial(s) of qualifying experience is true and correct. I understand that making a false statement may result in the revocation of authorization and failure to provide the required information will result in delayed processing and/or approval of the request for certification.

Applicant's Signature		Date	
		DD - MM - YY	



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D. TESTIMONIAL OF QUALIFYING EXPERIENCE:

To be completed by the Chief Operating Engineer/Operator or Company Official.

Note: If multiple plant locations, please complete and attach an additional Testimonial of Qualifying Experience.

CERTIFICATION CANDIDATE INFORMATION:

First Name ▼	Middle Name ▼	Last Name ▼
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PLANT INFORMATION:

Company Name ▼	Phone No. ▼	Type of Plant ▼	Plant Name ▼
Total Plant kW Rating ▼	Plant Reg. No: ▼ R-	Plant Address ▼	
Operating Experience from ▼ DD - MM - YYYY	Operating Experience to ▼ DD - MM - YYYY	Total Qualifying Experience (No. of Months) ▼	
Position Held (Operating Engineer, Operator or Operating Assistant) ▼			

REGISTERED EQUIPMENT EXPERIENCE	PLANT CODE ▼	REGISTERED KW POWER RATING ▼	EXPERIENCE TIME	
			OPERATING	MAINTENANCE
			Months ▼	Months ▼
Boilers				
Steam Prime Movers				
Compressors				
Refrigeration				
Steam Traction			Hours ▼	Hours ▼

Boiler operations is mandatory for Operating Engineers and Steam Traction Operators.

Only Steam Traction practical time is considered in hours. All other times must be in calendar months equivalent.

Maintenance time must not exceed one third of the total time required.

Name of Signing Authority or Company Official ▼	Title of Signing Authority ▼	Certificate No. ▼	Certificate Classification ▼	Phone No. ▼
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¹Where a company official has attested to the candidates qualifying experience, a letter of explanation (written on company letterhead, signed by a company official) must accompany this application.

As the Chief Operating Engineer/Operator or Company Official, I certify that the information provided on the testimonial service relating to operating and maintenance experience is true and correct.

Signature of Chief Operating Engineer/Operator or Company Official	Date DD - MM - YYYY
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