



Technical Standards and Safety Authority

www.tssa.org

345 Carlingview Drive
 Toronto Ontario M9W 6N9
 Tel.: 416.734.3300
 Toll Free: 1.877.682.8772

Application for Accreditation as an Amusement Device Mechanic Training Provider

Application for:		<input type="checkbox"/> Initial Training Provider Registration		<input type="checkbox"/> Renewal		<input type="checkbox"/> Addition of Scope	
Company Corporate Name (Training Provider)				Ontario Corporation No., if applicable		TSSA Contactor Registration No	
Name of Contact				Telephone Number		e-mail address	
Business Address:		Street No.		Street Name			
Town/City Township/County:				Province:		Postal Code:	
Telephone:		Fax:		e-mail :			
If operating as a Partnership or Sole Proprietorship, please specify the Name of the Owner				First Name		Last Name	
Mailing Address (if different from above):		Street No.		Street Name			
Town/City Township/County:				Province:		Postal Code:	
Telephone:		Fax:		e-mail:			
For targeted electronic mailings, provide contacts as shown:		Direct financial correspondence to (email):					
		Direct inspection/ audit reports and safety messaging to (email):					

Training Providers must register their scope of training for all applicable classes. Select all that apply.		To be eligible for approval of a training program, list all currently qualified instructor(s)/mechanic(s) whose scope and experience is applicable to the selected device class. Resumes shall be attached to the registration form.		
Device Class	In Class	Name of all Qualified Instructor(s)/Mechanic(s)	Certificate Type	Certificate No.
Amusement Device Mechanic Inflatable (ADM-I)	<input type="checkbox"/>			

Legal Disclaimer:
 Applicant agrees to indemnify and hold harmless TSSA and its employees, agents, successors and assigns from any and all damages, actions, suits, claims or loss for any act or omission related to the accreditation of the Applicant as a training provider or the or approval of any of its training programs.

"I certify that the information provided in this application is true, and acknowledge that I have reviewed and unconditionally agree to abide by the terms and conditions contained in the TSSA Amusement Device Mechanic Training Provider Accreditation Policy. I acknowledge that TSSA may cancel the Applicant's accreditation for non-compliance with the Training Provider Policy or if any false or misleading material has been submitted with this application."

Date	Applicant's Official Capacity	Applicants Name	Signature
			(I have authority to bind the Applicant*)

*Information in this form is being collected under the authority of the Technical Standards and Safety Act, 2000.
 You must notify TSSA of any change in the information provided herein.*

▲ Accreditation/Inspection fees are non refundable and payable to Technical Standards and Safety Authority