



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
 www.tssa.org

Application for Amusement Device Mechanic Examination

Technical Standards and Safety Act
 Amusement Device Mechanic 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 ▼ | | For Office Use Only | | | |
| Date of Birth ▼ | | Suite/Unit No. ▼ | | Street No. ▼ | | | | Date | |
| DD - MM - YYYY | | | | | | | | Account No. | |
| City ▼ | | Province ▼ | | Postal Code ▼ | | | | SR No. | |
| Primary Phone ▼ | | Secondary Phone ▼ | | Email ▼ | | | | Comments | |
| Current Certificate Classification ▼ | | | | Current Certificate 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 THE FOLLOWING EXAMINATION: Please check (✓) appropriate exam.

| | | | | | |
|-----------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|
| Amusement Devices Mechanic: | <input type="checkbox"/> ADM-AR | <input type="checkbox"/> ADM-GK | <input type="checkbox"/> ADM-WS | <input type="checkbox"/> ADM-B | <input type="checkbox"/> ADM-I |
|-----------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|

Examination Date/Time: Please complete the required fields.

| | |
|---|-----------------------------|
| Preferred Examination Date/Time: _____ (dd-mm-yyyy) | Examination Location: _____ |
| Alternate Examination Date/Time: _____ (dd-mm-yyyy) | Examination Location: _____ |
| Should the preferred/alternate date be unavailable, I agree to be scheduled for the next available date at: | |
| Is this a re-write? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other: _____ | |

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 Signature | Date |
| | DD - MM - YYYY |



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C. REGISTRATION AND EXAMINATION PROCEDURES:

- a) Examination candidates are encouraged to review the online examination schedule, at www.tssa.org, before submitting an examination application to confirm examination availability. 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, 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 Customer Service 1.877.682.8772 or via email to: 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) Requirements for reference materials are outlined in the TSSA Certification Examination Preparation Guide, available at www.tssa.org.
- 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, 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 thirty-days (30) after the previous sitting.

D. FEES & PAYMENT

The non-refundable examination fee, as outlined in the Amusement Devices 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.



Technical Standards and Safety Authority
 345 Carlingview Drive
 Toronto, Ontario M9W 6N9
 Tel: 416.734.3300
 Fax: 416.231.7290
 Customer Service: 1.877.682.8772
 www.tssa.org

PAYMENT AUTHORIZATION FORM

| For Office Use Only |
|-------------------------------|
| SR/Work Order Number: |

This form must accompany all applications submitted to TSSA. A separate payment form is required for each application. Please refer to our fee schedule posted on our website www.tssa.org. Please pay by cheque, bank draft or money order payable to **Technical Standards and Safety Authority** or by Visa or Mastercard. The HST Registration No: 891131369

Check the appropriate box to indicate your method of payment

- Credit Card
 (complete Section A & B)
- Cheque, Bank Draft or Money Order
 (payable to Technical Standards and Safety Authority)
 (enclosed & complete Section A)
 Cheque/Bank Draft/Money Order #: _____

SECTION A:

| | |
|---------------------------------|-------------|
| Name of Applicant/Organization: | |
| Telephone No: | Cell Phone: |
| Email address: | |

SECTION B

| | | | | |
|--|--|-------|-------|------|
| I agree to pay Technical Standards and Safety Authority CAD \$ <input type="text"/> on my credit card for fees related to the application. | Please indicate the type of credit card <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD | | | |
| | Credit Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| | Expiry date on the card ▶ <table border="1" style="display: inline-table;"><tr><td>Month</td><td>Year</td></tr></table> | Month | Year | |
| Month | Year | | | |
| Name of the Card Holder <input type="checkbox"/> Same as applicant | Date ▶ <table border="1" style="display: inline-table;"><tr><td>Day</td><td>Month</td><td>Year</td></tr></table> | Day | Month | Year |
| Day | Month | Year | | |
| Signature of the Card Holder | | | | |

Please note that payment receipts can be requested by calling our Customer Contact Centre at 1.877.682.8772 only after the payment has been processed.

Dishonored Payments: A \$35 administration fee will apply for each returned item.