



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 Ski Lift Mechanic Examination

Technical Standards and Safety Act
Elevating 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 ▼	
Date of Birth ▼	Suite/Unit No. ▼	Street No. ▼	Street Name ▼		
DD - MM - YYYY					
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: Please check (✓) appropriate exam.

Type	Phase I	Phase II
SLM-A		
SLM-B		
SLM-C		
SLM-F		

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



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 Ski Lift Mechanic Examination

Technical Standards and Safety Act
 Elevating Device Mechanic Regulation

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

This application is valid for a period of 6-months.

Select	Service	Fee Type	Fee	Total Fees Due
	Examination (Including Certificate fee) (Examination (\$75) and Certificate (\$81))	Flat	\$ 156	

Total Fees Due		2
-----------------------	--	----------

If paying by credit card, amount in Box 2 to be entered in TSSA Service Prepayment Portal

All required fees must be prepaid for application to be processed.
Fees are non-refundable.
For payment options, see Payment Instructions



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

PAYMENT INSTRUCTIONS

TSSA use only	L #	CH #
WO # _____		

If paying by cheque, bank draft, money order, 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. HST Registration No: 891131369.

Payment Options:

Credit Card - Click link below

[TSSA Service Prepayment Portal](https://forms.tssa.org/Payments/Service-Prepayment-Portal)

<https://forms.tssa.org/Payments/Service-Prepayment-Portal>

Cheque, Bank Draft or Money Order (payable to Technical Standards and Safety Authority)

Name of Applicant/Organization:

Telephone No:

Email Address:

Cheque/Bank Draft/Money Order #: _____

Mail payment along with a copy of your application to:

Attention: Accounts Receivable
Technical Standards and Safety Authority
345 Carlingview Drive
Toronto, Ontario M9W 6N9

If a copy of the application is not submitted with your payment, this will delay the processing of the application.

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