

345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel.: 416.734.3300 Fax: 416.231.1626 Toll Free: 1.877.682.8772

www.tssa.org

January 31, 2023

Renewal: 2022 - 2023

Dear Elevating Device Contractor,

The Technical Standards and Safety Authority (TSSA) is pleased to provide you with this information package to assist you with the renewal of your Contractor Registration for the upcoming renewal period.

TSSA will be transitioning to a new operating system scheduled for March 2023. We appreciate everyone's patience during this transition.

To support this transition, the following changes have been made for this renewal period:

- 1. The expiry date for all active Contractor registrations have been extended to May 31, 2023
- 2. All Renewal applications will be processed after March 1st, 2023, to accommodate our change in operating system
- 3. As such, we have extended the validity period which we will continue to accept and process renewals without penalty to June 1st 2023.

Note: All renewal packages for the 2023-2024 year received complete with pre-payment prior to June 1st 2023, <u>will not</u> qualify as a lapsed authorization."

Please renew on time. You will not be permitted to operate if you do not renew your registration prior to its expiry date. If your authorization expires, TSSA may perform an inspection at a cost to you to verify you are no longer operating.

Important information when completing your initial/renewal package.

Initial/Renewal Package Checklist

To assist you with completing the package, ensure you have:

- 1. Completed application form
- 2. Prepaid registration fee (Note: Renewal fees will no longer be invoiced, and must be prepaid)
- 3. Submitted Maintenance List (for details see Regulatory Information further below)

Please be advised that missing any requirement from the checklist will cause a delay in processing your request.

Submittal of Initial/Renewal Package

• Packages submitted by mail, <u>must</u> be sent to the following address:

Technical Standards and Safety Authority Attention: Licensing and Registration Team

345 Carlingview Dr. Toronto ON M9W 6N9

• Packages submitted by email, <u>must</u> be sent to <u>licencingandregistration@tssa.org</u>

Fee Payment

Important: Only packages submitted to TSSA's head office at 345 Carlingview Ave, Toronto, ON, M9W6N9 will be processed.

Registration fee must be prepaid using the following options:

- 1. TSSA's online Payment Portal (Payment by Credit Card)
 - By submitting your pre-payment and application at <u>https://forms.tssa.org/Payments/Service-Prepayment-Portal</u>
 - Please reference your account number found on a previous invoice or contact a Customer Service Advisor at 1.877.682.8772 (TSSA)
- 2. Cheque or Money Order
 - By mail to the address shown on the invoice.

REGULATORY INFORMATION

*Maintenance List

Contractors are required to submit a copy of their Maintenance list in MS-Excel format as denoted in the https://www.tssa.org/en/elevating-devices/resources/Documents/Maintenance-List-2015.xlsx

Completed electronic files must be sent by email to licencingandregistration@tssa.org

If you require any further information or have any questions, please contact a Customer ServiceAdvisor at 1.877.682.8772 (TSSA) or customerservices@tssa.org. We will be pleased to assist you.

Yours in Safety,

Jumes Junie

Jessica Myrie Supervisor, Intake and Licensing ServicesTechnical Standards and Safety Authority www.tssa.org



Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300 Fax: 416.234.9169 Email:licencingandregistration@tssa.org Customer Service: 1.877.682.8772 www.tssa.org

Application for Registration as a Ski Passenger Ropeway Owner Contractor under Ontario's Technical Standards and Safety Act

under Ontario's **Technical Standards and Safety Act** Elevating Devices Regulation

Application for: Initial Co	ontractor Regis	stration [Renewal	Change of Scope	☐ with limited [*] scope			
TSSA Contractor Registration No.:								
Company (Owner/Operator=):								
Corporation No: /Business Identification No:				Name of Contact:				
Bus. Telephone No: Email A			Email Ac	ddress:				
Please provide complete Mailing address in the fields provided below								
Street No:	Street Name:		Unit/Suite:					
City/Town:	Province:			Postal/Zip Code:				
Bus. Telephone No:			Fax No:					
If your business location address is different from your mailing address, please complete this section								
Street No:	Street Name:		Unit/Suite:					
City/Town:		Province:		Postal/Zip Code:				
Bus. Telephone No:			Fax No:					

			If scope or work is limited [*] mark here.					
Owner Contractors must register their scope of maintenance activities for all applicable device classes. Select all that apply.				To be eligible for registration in a specific device class, list one currently qualified mechanic whose scope and experience is applicable to the selected device class.				
Device Class	Maintenance of	No of Units Maintained	V	Name of Qualified Mechanic	Certificate Type	Certificate No.		
Class 8: Passenger Ropeway								
Passenger Ropeway - Chair Lifts with detachable grips								
Passenger Ropeway - Chair Lifts with fixed grips								
Passenger Ropeway – Gondola Lifts								
Passenger Ropeway – Reversible Ropeways								
Passenger Ropeway - Aerial Tramways								
Passenger Ropeway- Surface Bar Lifts								
Passenger Ropeway- Surface Lifts made of Fiber or Wire								
Passenger Ropeway- Secondary Carrier (tube tow)								
Passenger Ropeway- Conveyors								

FEES

Colort	Consider	Fee	F =-	Total
Select	Service	Туре	Fee	Fees Due
	Passenger Ropeway Owner Contractor - Maintenance Only	Flat	\$ 107	

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

*If scope is limited, specify limitations here	:					
example: annual testing by registered contr	ractors					
If the selected scope of work includes Maintenance , submit a complete listing of all devices currently maintained. Electronic files in excel format must be e-mailed to <u>licencingandregistration@tssa.org</u> Lists shall be provided with two columns with the following headings						
Contractor Registration No.	ED Installation (Device) No.	Service Contract Expiry Date (mm/dd/yyyy)				
Applicant's Statement: The undersigned	applicant states (on behalf of the company) that:					
 His/her company when registered as an owner contractor will comply with all requirements of the <i>Technical Standards and Safety Act</i>, Elevating Devices Regulation. His/her company will ensure that all mechanics have access to the latest edition and revision of the code(s) applicable to the elevating devices on which they are assigned to work and that they will have full working knowledge of such codes Applicant has self ensured that supervisory staff and listed mechanics have full knowledge of the <i>Technical Standards and Safety Act</i>, Elevating Devices This application is a declaration for authorization, knowingly making a false statement or furnishing false information is an offence under section 37 (1)(b) 						
 of the Technical Standard and Safety Act 	, 2000.					
Date Applicant's Official C	apacity Applicant's Name	Signature				



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

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