

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

Elevating Devices Regulation

This form may be used for all installations covered by one design submission (up to maximum of four). The licence for each individual installation will not be issued until authorized by an inspector in "initial inspection notice" (Form No. ED 09404).

1 Elevating device installation			
Elevating device location			
2 Bldg. Name			
3 Street			Postal Code
4 City/Prov		1	
Owner of the Elevating Device(s)		Ontario Corp. #, if applicable	lephone No.
5 Name		)   	)
6 Street		(	)       <u> </u>
7 City/Prov			
8 E-mail address:			
Is owner's name and address (as	stated above) to appear on the I	icence as "Licensee"?	
State "Yes" or "No"	Note: If "No" complete licensee infor	mation below	
"Licensee" Designate		Tele	ephone No.
9 Name		(	)     <u> </u>
10 Street		(	)
11 City/Prov			Postal Code
12 E-mail address:			
13 Affiliation with Lessee Agent	Tenant Management Company	if other, specify	
A Mailing address for <b>all</b> future invoices, lic		s of: Owner	Licensee
15 16 Method of Payment 1	7 # of Units Description		e per unit 19 Total fee enclosed
Required Receipt No.	Elevator License (annual) 3 Floc Elevator License (annual) 4-20 F Elevator License (annual) 21+ F	loors x \$33	30 =
Fee	Elevating Device other than abo	l) x \$47 x \$70	
	Temporary Licence ( 6 months) Payable to Technical State	x \$14	=
Applicant information		*Fees are nonrefund	dable. The fee includes license, periodic
20 Applicant's (Company) Affiliation Owner			ired, they will be billed in accordance with the
21 Applicant's Company Name			
22 Applicant's name &			
	· · · · · · · · · · · · · · · · · · ·	Τε	elephone Number
23 Date of Application	24 Applicant's signature		)
	Signature 🕨		

## **PAYMENT AUTHORIZATION FORM**



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

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 <u>www.tssa.org</u>. 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	Please indicate the type of credit card
CAD \$ on my credit card	
for fees related to the application.	Credit Card Number:
Name of the Card Holder	
Signature of the Card Holder	Expiry date on the card  Month Year
	Day Month Year

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.