



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

# Reinstatement Application for an Elevating Device License

Under Ontario's Technical Standards and Safety Act Elevating Devices Regulation

Installation/Licence Number	Location/Address
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**A. OWNER/LICENSEE INFORMATION** - "Owner" includes the owner of the building in which an elevating device is located, the person in charge of the device as the holder of the licence, lessee, agent, owner of the device, or otherwise, but does not include an attendant, property manager or operator of the device.

Owner/Licensee Name*	Account No.
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**PRIMARY ADDRESS\*** (Physical location of the owner/licensee business, cannot be a PO Box)

Street No.	Street Name	Unit
Town/City	Province	Postal Code

**B. CURRENT PROPERTY MANAGEMENT COMPANY** (If applicable)

Company Name		
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Contact Name	Email	Telephone No.
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**C. BILLING ADDRESS\*** same as primary address  Yes  No (Invoices will be mailed to this address)

Street No.	Street Name	Unit	PO Box
Town/City	Province	Postal Code	

<b>Bill Preferred Delivery Method</b> E-invoicing: <input type="checkbox"/> Yes <input type="checkbox"/> No	E-invoice email address:
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**D. SHIPPING ADDRESS\*** same as billing address  Yes  No (Licences will be mailed to this address)

Street No.	Street Name	Unit	PO Box
Town/City	Province	Postal Code	

<b>Maintenance Contractor*</b> Contractor Name: _____	Contractor Registration No. _____
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<b>Maintenance Agreement</b> Please check one: <input type="checkbox"/> Expiry Date _____ (dd-mm-yyyy) <input type="checkbox"/> Automatic Renewal
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Please provide **two** dates (dd-mm-yyyy) and **time frame** for the inspection at the site once your application has been successfully processed. **TSSA will try to accommodate requested inspection dates as feasible based on Inspector availability.**

Notes for selecting dates:

- 1) Dates selected must be a minimum of **15 business days from the submission of the application**
- 2) If no date(s) are provided, an inspection date will be assigned for you



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**Mandatory Inspection\***

Preferred Inspection Date: \_\_\_\_\_ Time Frame:  Morning (8am – 11am)  Afternoon (12pm – 3pm)  
 (dd-mm-yyyy)

Alternative Inspection Date: \_\_\_\_\_ Time Frame:  Morning (8am – 11am)  Afternoon (12pm – 3pm)  
 (dd-mm-yyyy)

Site Contact Name & Phone number: \_\_\_\_\_

**Should the preferred/alternate date be unavailable, we will schedule the earliest availability**

**For a successful inspection to put your device back in service, please contact your maintenance contractor to ensure the following work is completed/confirmed:**

- Compliance with any outstanding inspector orders and/or safety tasks
- Compliance with any applicable codes
- Compliance with any applicable safety requirements ie. director's orders, manufacturer bulletins, etc
- Required maintenance and logbook are up-to-date
- Access to all areas of the device required for inspection ie. Lobbies and machine room

**If this work is not complete:**

- The device will not be put back into service
- The Inspector will issue orders for all the non-compliances to be corrected
- A Follow-Up inspection will be required
- Additional fees will be applied

**Declaration:** I hereby declare that as the owner/licensee of this elevating device, I am responsible for the operation of the device and for ensuring that the device is properly serviced and maintained by a maintenance contractor as required by O.Reg 209/01 (Elevating Devices).

**The Reinstatement Fee is non-refundable**

**Note: This application will not be processed without the required Reinstatement fee**

Date (dd-mm-yyyy)	Applicant's Official Capacity	Applicant's Name	Signature
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## FEES

	Current Year	Total Years	Licenses	Fee Type	Fee	Total Years	Total Fees Due
			<b>Elevators</b>				
			3 Floors or less	Flat	\$ 250	x	=
			4 - 20 Floors	Flat	\$ 330	x	=
			21+ Floors	Flat	\$ 400	x	=
			<b>Other</b>				
			Escalators or moving walk	Flat	\$ 470	x	=
			Construction hoist	Flat	\$ 700	x	=
			Elevating device other than above	Flat	\$ 250	x	=

**Total Reinstatement Fees Due**

Value in Box 2 to be entered in TSSA Service Prepayment Portal **2**

Click here to access [TSSA Service Prepayment Portal](#)

**All required fees must be prepaid for application to be processed. Fees are non-refundable.**

Note: Engineering and/or Inspection services may be required to reinstate the license/registration and will be billed as a separate fee.