How to Re-write an Examination without Accommodation



This guide will provide you with step-by-step instructions on how to request a re-write examination without an accommodation in the TSSA Client Portal.

Home Accounts Applications Invoices	
Customer Portal	
Hi Ada Shelby	
Welcome to the TSSA portal, where, customers can view and manage account information	n, submit application requests, pay invoices and more.
New Customers	Existing Customers
Create an Individual account if you are applying for:	Link to your TSSA account with,
A personal certificate	Invoice or inspection report or
For all other requests create an Organization account	 Valid authorization (licence/certificate/registration, etc.) or Account Access Key
 We require the company's legal entity details, i.e., corporation number or business identification number. 	
Third Party Property Management Companies	Third Party Submitters
Link to your own TSSA account prior to linking to the owner/operator you wish to transact on behalf of, i.e. pay an invoice, submit an application request,	Link to your own TSSA account prior to linking to the owner/operator you wish to trans on behalf of, i.e. submit an application request,
If you do not have an account with TSSA:	If you do not have an account with TSSA:
 Please create a Third-Party Property Manager account first. 	 Please create a Third-Party Submitter type account first,
 Then proceed to linking to the owner/operator you wish to transact on behalf of. The IConsent to Creat Third Party Access form will pool to be completed. 	 Then proceed to linking to the owner/operator you wish to submit an application rec for
• The (consent to ordin thind ronty access) for this interest to be completed.	The IConsent to Grant Third Party Access) form will pood to be completed

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Click the "Examination Booking" link under "Online Applications".

FI ETY AUTHORS	
Home Accounts Applications Inv	voices
Customer Portal > Applications	
Online Applications	
Boilers & Pressure Vessels Design Registration	Fuels Safety Registration in Ontario as a Contractor
Boilers & Pressure Vessels Inspection	Ontario License to Transport Fuel
Boilers & Pressure Vessels Variance	Public Information Request
Change Of Ownership	Renew Amusement Device Permit
Examination Booking	
Please click <u>here</u> to access all other applications not	t listed above
My Pending Applications	

3 Select the **"TSSA Customer Account"** from the dropdown list.

Request to Book an Examination

Choose your exam details

Instructions	Examination Details	Location	Review	Document	Fee	es
TSSA Cust (Please sele Create Acc Select A	omer Account * act the account from list bela <u>sount or Link Existing Accoun</u> ccount	w. If account is t if account exi	not displaye sts but is not	d, please proce visible below)	ed to	
Select A Adam S Ray She Select	Account Shelby - 003019149 Hby - 003019150 				~	
Genera	Instructions:					
1. Separate	e application to be submi	tted for each	Examinatio	on		
2. In order	to schedule an examinati	on with acco	mmodatior	ns, A TSSA Ac	comma	odation Approval email must submitted when scheduling

- In order to schedule an examination with accommodations, A TSSA Accommodation Approval email must submitted when scheduling an examination with accommodations. If you require special accommodation, please contact TSSA Examinations and Certifications and submit <u>Accommodation Application</u>
- 3. If you are applying for an AD/SKI Certificate please apply through the prepayment portal
- 4. Please note you will receive an examination booking confirmation to the email on file once your examination has been confirmed. Please note, TSSA will contact you if your selected dates are not available

4 Select the **"Program Area".** Choose from the following:

- Elevating Devices
- Fuels Safety
- Operating Engineer

Request to Book an Examination

Choose your exam details

Instructions	Examination Details	Location	Review	Document	Fe	es
TSSA Cus (Please se <u>Create Ac</u> Ray She	tomer Account * lect the account from list bel <u>count</u> or <u>Link Existing Accou</u> elby - 003019150	ow. If account is o <u>n</u> t if account ex	s not displaye ists but is not	ed, please proce visible below)	ed to	
Program A	trea*				~	
Selec Elevatir Fuels S Operat	t ng Devices afety ing Engineer					
1. Separat	te application to be subm	nitted for each	n <mark>Examinati</mark>	on		
2. In order an exan and sub	to schedule an examinat nination with accommod mit <u>Accommodation Applic</u>	tion with acco ations. If you r ation	ommodation require spec	ns, A TSSA Acc cial accommo	comm dation	odation Approval email must submitted when scheduling , please contact TSSA Examinations and Certifications
3. If you ar	e applying for an AD/SKI	Certificate pl	lease apply	through the p	repay	ment portal
4. Please r Please r	note you will receive an ex note, TSSA will contact yo	camination bo ou if your selec	ooking confi	rmation to the are not availat	emai	I on file once your examination has been confirmed.

Review the instructions and click the **"Next"** button. The **"Examination Details"** tab will appear.

5

Create Account or Link Existing Account	if account exists but is not visible below)	
Ray Shelby - 003019150	~	
Program Area*		
Operating Engineer	~	
eneral Instructions: Separate application to be submit In order to schedule an examinatio	ted for each Examination n with accommodations, A TSSA Accor	modation Approval email must submitted when scheduling
Ceneral Instructions: . Separate application to be submit: . In order to schedule an examinatio an examination with accommodati and submit <u>Accommodation Applicati</u>	ted for each Examination In with accommodations, A TSSA Accor ions. If you require special accommodat	modation Approval email must submitted when scheduling m, please contact TSSA Examinations and Certifications
ceneral Instructions: Separate application to be submit In order to schedule an examinatio an examination with accommodat and submit <u>Accommodation Applicati</u> S If you are applying for an AD/SKI C Please note you will receive an exa Please note, TSSA will contact you	ted for each Examination in with accommodations, A TSSA Accor ions. If you require special accommodat ion iertificate please apply through the prep mination booking confirmation to the er if your selected dates are not available	modation Approval email must submitted when scheduling an, please contact TSSA Examinations and Certifications ayment portal ail on file once your examination has been confirmed.

6 If this is a re-write, select **"Yes"** from the drop-down to re-write an exam.

	Home Acco	unts Applications	Invoices
	<u>Customer Portal</u> > <u>Applica</u>	tions > Book An Exam	
R	equest to Book an Exc	amination	
С	hoose your exam details		
_	Instructions Examination Det	ails Location Review	v Document Fees
(Is this a Re-write?*		~
	Select Yes		
	No	Cancel	Back Next
	earn	Company	Nord Holp?
T	raining Documents	Company News	And here is a second seco

4

7 Enter the "Work Order Number" and click the "Validate Work Order" button.

Home > Applications > Book An Exam
Request to Book an Examination
Choose your exam details
Instructions Examination Details Location Review Document Fees
Is this a Re-write?"
Yes 🗸
Vigit Croin number (piede enter number of the axisting authorization work Craer). 14510968
Validate Work Order
Cancel Back Next

8 The "**Exam Scope**" field will pre-populate.

Home > Applications > Book An Exam
Request to Book an Examination
Choose your exam details
Instructions Examination Details Location Review Document Fees
Is this a Ro-write?*
Yes 🗸
Work Order Number (place anter number of the existing Authorization Work Order)*
1451 Validate Work Order
Exorp Scope OEExamination Type*
Operating Engineer Fourth Class - Standardized
Cancel Back Next

If booking an **Operating Engineering** exam, select **"Examination Type"** from the dropdown list.

9

amination Details Location Review	Document Fees	
?*		
	~	
nber (please enter number of the existing Authorizo	ition	
	Validate Work Order	
	OE-Examination Type*	
ngineer Second Class - Standardized	select	~
	Select 2A-1	
Cancel	2A-2 Bock 2A-3	
	2B-1 2B-2	
	2B-3	
Company	Need Help?	HICAL STANO
Company News	Anywhere you see an information icon (), please	TSSA
	click it for more details	

10 Click the **"Next"** button to move to the **"Location"** tab.

Examination Details Location Review	Document Fees	
-write?*	×	
r Number (please enter number of the existing Authorizatio	n	
n)************************************	Validate Work Order	
хе	OE Examination Type*	
ng Engineer Second Class - Standardized	2B-2	~
Cancel	Back	
Company	Need Help?	SHUCAL STANOTS
company news	Anywhere you see an information i.con (1) , please click it for more details.	T S S A

11 If you require **no** special accommodation to write your examination, select **"No"**.

Choose your exam details Instructions Examination Details Location Review Document Fees Special Accommodations Select V	Request to Bool	k an Examination			
Instructions Examination Details Location Review Document Fees Special Accommodations: Select Yes No Select Select Select<	Choose your exam	n details			
Special Accommodations Select Yes No Select Select Yes No Select	Instructions Exan	mination Details Locatio	n Review Docume	ent Fees	
	Special Accomm Select Yes No Select Yes No Select Select Yes No Select	modations wecial Accommodation?*	v e unavailable, I agree to be	Alternate Examination Date* Select e scheduled for the next availab	ble date at the following location

12 Select your "**Preferred Examination Location**".

Do you Require Special Accommodation?*		
No	~	
Location		
Location Preferred Location*	Alternate Location" (You may alternate)	i select the same location with a different time as an
Location Preferred Location*	Alternate Location* (You may alternate) Select	r select the same location with a different time as an

13 Select your "**Preferred Examination Date**".

Select		
2024-03-29 9:00 AM		
2024-04-15 9:00 AM		
2024-04-15 9:00 AM		
2024-04-29 9:00 AM		
2024-05-16 9:00 AM		
2024-05-17 9:00 AM		
2024-05-19 9:00 AM		
2024-05-22 9:00 AM	Alternate Location* (You may select	the same location with a differen
2024-06-04 9:00 AM	as an alternate)	
2024-06-19 9:00 AM		
2024-07-07 9:00 AM	OSH.	
2024-07-09 9:00 AM		
2024-07-13 9:00 AM	78 R	
2024-07-24 9:00 AM	Osh	
2024-08-09 9:00 AM	ONL	
2024-08-29 9:00 AM	ONT	
2024-09-03 9.00 AM		
2024-09-12 9.00 AM		
2024-09-29 9.00 AM	Alternate Examination Date*	
Select	✓ Select	

14 Select an "Alternative Examination Location".

Alternate Examination Date*
Select 🗸
Next

15 Select an "Alternative Examination Date".

Location				
Preferred Location*			Alternate Location* (You may select the same location with a different time a alternate)	as an
BA		~	ВА	~
55 Ci			55 Ce	
Suite			Suite	
ONL			ON L4	
Preferred Examination	n Date*		Alternate Examination Date*	
2024-05-08 9:00 4	AM	~	Select	\sim
			2024 OF 00 0:00 AM	
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		Cancel B	2024-05-11 9:00 AM 2024-05-11 9:00 AM 2024-05-14 9:00 AM 2024-05-27 9:00 AM 2024-06-11 9:00 AM 2024-06-29 9:00 AM 2024-07-01 9:00 AM 2024-07-01 9:00 AM	
n	Company	Cancel B Need He	2024-05-11 9:00 AM 2024-05-11 9:00 AM 2024-05-14 9:00 AM 2024-05-27 9:00 AM 2024-06-11 9:00 AM 2024-06-19 9:00 AM 2024-07-01 9:00 AM 2024-07-05 9:00 AM 2024-07-05 9:00 AM 2024-07-05 9:00 AM 2024-08-01 9:00 AM	12.

16 Place a checkmark beside "Should the Preferred/Alternate date be unavailable, I agree to schedule the exam for the next available date at the following locations" if required and select the "Location".

	Use of Adaptive Technology, i.e. text to speech software Supervised Rest Breaks Large Print Examinations and/or Magnification Tools Other
Location	
Preferred Location*	Alternate Location" (You may select the same location with a different time as an o
ALGONQU	✓ BELLE
1385 Woodroffe Ave Nepean ON K2G IV8	135 North Front Street Belleville ON K8P 3B6
Preferred Examination Date*	Alternate Examination Date*
2024-01-10 8:00 AM	✓ 2024-03-20 8:00 AM
Should the Preferred/ Alternate date be unavailable, I agree to be select the Location*	scheduled for the next available date at the following location
THUNDER	~
189 Re	
Unit IC	
ON P7	

9

Click the **"Next"** button to review your submission.

North Front Street Belleville K8P
Alternate Examination Date*
✓ 2024-03-20 8:00 AM
lable, I agree to be scheduled for the next available date at the following location \checkmark
Cancel Back Next

18 The **"Review"** tab will appear. Review all the entered information.

(Exa nination Details	Exam Type: G.3	
		Are you challenging the exam?: No	Is it a re write?: No
		Have you completed your Accredited Training Course?: Select	Training Provider:
	Location	Preferred Location: ALGONQU	Alternate Location: BELLE\
		1385 Wood	135 Nor
		Preferred Date: 2024-01-10 800 AM	Alternate Date: 2024-03-20 8:00 AM
		Should the Preferred/ Alternate date be unavailable, I agree to be scheduled for the next available date at the following location : ${\rm Yes}$	Location: THUNDER
			189 Red Riv
		Do you Require Special Accommodation?: Yes	Have you Requested Special Accommodation?: Yes
		I have read and understood the Registration and Examination Procedures (Click on the link to review procedures)	
		Carrier to all the terms memoried on the Disclamer (Click on link to review the disclamer) Carrier to Terms of the Application Declaration Carrier to Terms of the Application Declaration	
		icular an link to review the terms)	

19 Review and **Accept the Terms & Conditions** for the following:

- "I have read and understood the Registration and Examination Procedures"
- "I agree to all the terms mentioned on the Disclaimer"
- "I agree to the Terms of the Application Declaration"

Once all three Terms & Conditions are accepted, a check mark will be placed beside it.

	Should the Preferred/ Alternate date be unavailable. I agree to be scheduled for the next available date at the following location : Yes
	Do you Require Special Accommodation?: Yes
	have read and understood the Registration and Examination Procedures (Click on the link to review procedures)
	I agree to all the terms mentioned on the Disclaimer (Click on link to review the disclaimer)
	I agree to Terms of the Application Declaration (Click on link to review the terms)
Please enter your full name to sign electronically*	
January 16, 2024	

20 Enter your **full name** to **sign the form electronically.** Click the **"Send Request"** button to move to the **"Documents"** tab.



21 Click the **"Browse"** button to upload the **required/ mandatory documents** to the application.

Important. Acceptable file formats include JPEG, PNG, ZIP, and PDF. Otherwise, an error will be displayed.

No mandatory documents are required for this process, but this field will always be present.

Accounts Request t	 > Applications > Book An Examination 	n				
Instructions	s Examination Details Location	Review Document	Fees			
For the Re Addition	equired/Mandatory documents, you m nal Documentation (Optional) > Please uplicad a file Hie Formats, JPEG. FNG, ZIP, PDF	ay click browse again. to m	nodify an uploaded file.		 (Browse
+ Add	I Another Document			Next		

22 A notification will appear when the document has been uploaded successfully. Click "**OK**" to close the window.

nvoices	×	
	Great!	
	Document uploaded successfully.	
Review Document	Fees	
ay click browse again, to r	modify an uploaded file.	

Select the **"Next"** button to begin the payment process.

23 The detailed **prepayment fees** for the application will appear. **Review** the details.

Select "Credit Card" for the method of payment. Click on "Pay by Credit Card".

Important: Credit Card is the only method for payment to **"Re-write"** an examination.

							Profile S	ign out
plic	ations Invoices					BPV Owner	BPV Insurer	
> B	ook An Exam							
mi	nation							
xils	Location Revie	ew Document	Fees					
	Qua	ntity	Unit Price (\$)	Subtotal (\$)	Tax (\$)	Total Amo	unt (\$)	
∋ -	1		\$161.00	\$161.00	\$20.93	\$181.9	3	
9 -	1		\$122.50	\$122.50	\$0.00	\$122.5	i0	
					Sub Total:	\$283.5	0	
					Taxes:	\$20.9	3	
					Total Amount Owing:	\$304.4	13	
		Payment is require Select Payment Me	d for application to be processed. thod Type*	Application will not be processed if yc	ou select cancel.			
		Credit Card			~			
			Cancel	Pay by Credit Card				

24 Click the **"Click to proceed to secure page"** button to enter your credit card details.

Amount to Pay:	304.43
Payment Id :	PortalTxn_2189
Application Number	AP00001567
1	Click to proceed to Secure Page

25 Enter the Credit Card details:

- Cardholder Name
- Card Number
- MM/YY (Month and Year)
- CVV (3-digit number on card)

Cardholder Name	
David Smith	
Card Number	
5454 5454 5454 5454	
MM/YY	cw @
09/29	100
	Total
Back	Checkout

26 Click "Checkout" to process the payment.

Cardholder Name		
David Smith		
Card Number		
5454 5454 5454 5454	•	
MM/YY	cvv ⑦	
09/29	100	
	Total	
Back	Checkout	

27 The **Transaction receipt** will appear. "**Print**" a copy for your records.

You will receive an email confirmation and an official receipt once the payment has been completed.

Transaction Approved Transaction Approved Order Number : PortalTxn_ Amount : Last 4 Digit of Card Number : ******5454 Transaction Type : 200 Approval Code : KN2 Reference Number : 66018854001101 Transaction Number : 9282-0_ Transaction Datetime : 2024-03-15 13:50:28



Congratulations! You have successfully submitted an application to "Re-write" an "Examination" in the TSSA Client Portal.

28 Contact Customer Service at *1-877-682-TSSA (8772*) or send an email to <u>customerservices@tssa.org</u> in case of any questions.