www.tssa.org

Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300 Fax: 416-734-3202 Email: licensingandregistration@tssa.org Customer Service: 1.877.682.8772

Application for New Amusement Device Business License (ADL)

Issued Under Ontario's Technical Standards and Safety Act

Amusement Devices Regulations

Section A: Please note that it is mandatory to complete all parts of the section listed	$\sim l \sim u c$

Company (Applyin		datory to complete all p	varis Ul	uie secuoii listeu Delo		o:/Business Identif	ication No:	
Name of Contact:			Bus	Bus. Phone No:		Cell Phone No:		
Email Address:					Fax No:			
		Please provide com	plete <u>Ma</u>	ailing address in the	fields provide	d below		
Street No: Street Name:					-	City/Town:		
Province/State:			Cou	ntry:		Postal/Zip Code:		
Company applying	g for:	Initial Licence	Re	enewal Licence	Lice	nce No: (For Rene	wal Only)	
Section B: Please	note that it is mar	ndatory to complete all	parts of	the section listed bel	ow:			
The mechanic (s) lis	ted below can mai	ne operated, erected & ntain or erect (as specif , Amusement Devices F	ied) eac	h amusement device	operated by the		e knowledge of the	
					Chec	k all that apply		
Classes of Amusement Devices		Mechanic Name		Mechanic Certificate Number	Staff (employ of license hold	yee Contracted	Mechanic Signature	
Amusement Rides								
Go- Karts								
Water Slides								
Bungee Jumping								
Inflatable								
Zip Line								
Others (example; stimulator, free fall descending)								
The Ap	plicant/Licensee he	ereby states that "The N	lechanic	c (by signing Section B d maintain the amusen), confirms that nent devices op on."	he/she is either dire	ectly employed with the icant/Licensee, pursuant	
	00 s.6(4), owners a	are required to submit a be made available to th					il to rating Schedule Template	
I am authorized to e	xecute this form on	behalf of the above no	ted com	pany and understand	my obligation a	s it relates to O.Re	g 221/01 s.5 (3).	
Date (dd-mmm-yy		Applicant's Official Title		Applicant's Na	ame	Sigi	nature	

Page 1 of 2 FORM #: AD-003-v4

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eclaration	n of Applicant		Applicar	nt's Signature
Ti	he applicant, authorized by the Company, confirms that			
	(b) Relative to O. Reg 221/01 s.5 (3) which states, every person who carries operating amusement devices shall obtain and maintain liability insurar business in the amount not less than \$2,000,000 per occurrence with a Ontario and/or Canada A public liability policy has been procured in respect of the The limit of liability on the policy is a minimum of \$2M per of The public liability policy was purchased from an insurance licensed under the Insurance Act and is therefore subject to The policy has been endorsed with a 30-day notice of canada An original Certificate of Insurance is attached and forms page	nce in respect of the a carrier licensed business. occurrence. The company that is to OSFI regulations cellations clause.	he in	
IT	 a licence is granted the licensee shall: (a) Ensure that no erection or maintenance is performed unless the work i	c and that no training as stated i t device operated I		
ection E	: Fees			
		Fee		
				Total
Select	Service	Туре	Fee	
Select	Service Business License (annual)	Type Flat	Fee \$ 372.50	Total Fees Due
Select	Business License (annual)		1.00	

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

FORM #: AD-003-v4 Page 2 of 2



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

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