

Reinstatement Application for an Elevating Device License

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

| Installation/Licence | Number L | ocation/Address | | | | | | | |
|--|--------------------|--------------------------|----------------------------|---------------|--------------|---|--|--|--|
| | <u> </u> | | | | | | | | |
| located, the per | | vice as the holder of th | ne licence, less | | _ | hich an elevating device is he device, or otherwise, but does | | | |
| Owner/Licensee N | | Account No. | | | | | | | |
| PRIMARY ADDI | RESS* (Physical lo | cation of the busir | ness, canno | t be a F | PO Box) | | | | |
| Street No. | Street Name | | | Unit | | | | | |
| Town/City | | Province | vince | | | Postal Code | | | |
| | | | | | | | | | |
| | PROPERTY MANA | AGEMENT COMP | PANY (If app | licable) | | | | | |
| Company Name | | T | | | | | | | |
| Contact Name | | Email | | Telephone No. | | | | | |
| | | | | | | | | | |
| C. BILLING AD | DRESS* same as pr | rimary address □ Ye | s 🗆 No (Invoi | ces will b | oe mailed to | o this address) | | | |
| Street No. | Street Name | | | Unit | | PO Box | | | |
| Town/City | Province | | | | Postal C | l Code | | | |
| Bill Preferred Delivery Method | | | E-invoice email address: | | | | | | |
| E-invoicing: Ye | | | | | | | | | |
| D. SHIPPING A | DDRESS* same as | billing address □ Ye | es 🗆 No (Licer | nces will | be mailed | to this address) | | | |
| Street No. | Street Name | | | Unit | | PO Box | | | |
| Town/City | | Province | | Postal (| | Code | | | |
| Maintenance Con | tractor* | | 1 | | | | | | |
| | | | Contractor Registration No | | | | | | |
| Maintenance Agreement Please check one: ☐ Expiry Date (dd-mm-yyyy) ☐ Automatic Renewal | | | | | | | | | |
| wantenance Agre | ement riease o | песк опе. 🗆 Ехрпу | | (| uu-mm-yy) | yy) 🗆 Automatic Renewal | | | |

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 | | |
|-------------------|-------------------------------|------------------|-----------|--|--|
| | | | | | |

FEES

| Enter # of years operating | | | | | | | | | |
|-------------------------------|---------|-------|-----------------------------------|------|--------|-------|-------|----------|-------|
| without a | Current | Total | | Fee | | | Total | | Total |
| License | Year | Years | Licenses | Туре | Fee | Years | | Fees Due | |
| | | | Elevators | | | | | | |
| | | | 3 Floors or less | Flat | 272.50 | x | | = | |
| | | | 4 - 20 Floors | Flat | 359.50 | x | | = | |
| | | | 21+ Floors | Flat | 436.00 | x | | = | |
| | | | Other | | | | | | |
| | | | Escalators or moving walk | Flat | 512.00 | x | | = | |
| | | | Construction hoist | Flat | 763.00 | x | | = | |
| | | | Elevating device other than above | Flat | 272.50 | x | | = | |

Total Reinstatement Fees Late Payment Fee 75.00 **Total Amount Due**

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

Click here to access TSSA Service Prepayment Portal

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