

## Request for Relocation of an Elevating Device Licence

**Technical Standards and Safety Act**Elevating Devices Regulations

Company Name:											
Address:											
Telepho	one No.:	Fax No.:									
E-mail:		l									
Installation numbers:											
Building address:											
The proposed remote location:											
FEES (HST Registration No: 891131369)											
Select	Service			Fee		HST		Total es Due			
	Request for Relocation of an Elevating Device L	icence	\$	78.00	\$	10.14	\$	88.14			
	Total Fees Due										
				1							
If paying by credit card, amount in Box 1 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											
Da	ate Name		Signature								

Please note: A confirmation letter will be sent to the submitter upon processing.



## **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** 

https://forms.tssa.org/Payments/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