Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300 Fax: 416.234.9169 Email:licencingandregistration@tssa.org Customer Service: 1.877.682.8772

Application for Reinstatement as an Elevating Devices Contractor

under Ontario's **Technical Standards and Safety Act**Elevating Devices Regulation

www.tssa.org													
☐Indicate if applying for Multiple Contractor Registration Numbers and complete page 3 of this application													
Company Corporate Name (Contractor)							Corporation Number TSSA Contractor F			Registration No.			
Name of Contact					Telephone Number		E-mail:						
Business Address: Street No.							Street Name						
Town/City Township/County	/ :						Province:	Postal Code:					
Telephone:		Fax	(:				E-mail :						
If operating as a Partnership or Sole Proprietorship, please specify the Name of the Owner					е	Last Name							
Mailing Address Street No. Street Name (if different from above):													
Town/City Township/Count	y:						Province:		Postal Code:				
Telephone:		Fax	ς:				E-mail:						
31,						•	ncial correspondence to the email of: d Operational & Safety messaging to:						
0				- 1		I£							
Contractors must register their scope of work (installation and / or maintenance) for all applicable device classes. Select all that apply.						To b	scope or work is limited* mark here. To be eligible for registration in a specific device class, list one currently qualified mechanic whose scope and experience is applicable to the selected device class.						
Device Class	Install 0		Maintenan of	ce	\downarrow	Name	of Qualified Mechanic	Certificate Type	Certificate No.				
Elevators													
Dumbwaiters													
Escalators													
Moving walks													
Shopping cart conveyors													
Freight platform /Material lift													
Lift for persons w/disabilities													
Manlifts													
Construction Hoists													
Inclined lifts													
Stage lifts Stage lifts													
Parking Garage Lifts													
Passenger Ropeways (Ski Lifts)	ssenger Ropeways (Ski Lifts)												
Special Devices specify													

FEES*

Enter # of years operating without a Registration	Current Year	Total Years	Contractor Registration (Installation and/or Maintenance)	Fee Type	Fee		Total Years		Total Fees Due
			100 or less devices	Flat	327.00	x		=	
			101 - 500 devices	Flat	1,308.00	x		ш	
			501 - 1,000 devices	Flat	3,269.50	x		п	
			1,001 - 2,000 devices	Flat	4,359.50	x		п	
			2,001 - 3,000 devices	Flat	5,449.50	x		п	
			3,001 - 5,000 devices	Flat	16,348.50	x		п	
			5,001+ devices	Flat	27,247.50	x		п	

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.

If the selected scope of work includes Mainter	nance, submit a complete listing of all devices currently maintained. Electronic files in excel	_
example (interior cab renovation only)		
If scope is limited, specify limitations here:		

If the selected scope of work includes **Maintenance**, submit a complete listing of all devices currently maintained. Electronic files in excel format must be e-ma<u>iled to CustomerManagement@ts</u>sa.org .Lists shall be provided with three columns with the following headings

Contractor Registration No. ED Installation (Device) No. Service Contract Expiry Date (mm/dd/yyyy)

Applicant's Statement: The undersigned applicant states (on behalf of the company) that:

- His/her company when registered as a contractor will comply with all requirements of the Technical Standards and Safety Act, Elevating Devices Regulation
- His/her company will ensure that all mechanics have access to the latest edition and revision of the code(s) applicable to the elevating devices on which they are assigned to work and that they will have full working knowledge of such codes
- Applicant has self ensured that supervisory staff and listed mechanics have full knowledge of the Technical Standards and Safety Act, Elevating Devices
- This application is a declaration for authorization, knowingly making a false statement or furnishing false information is an offence under section 37 (1)(b) of the Technical Standard and Safety Act, 2000.

Date Applicant's Official Capacity Applicant's Name Signature

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Multiple Contractor Registration Number Application Form

All Contractors are required to be registered as per O.Reg 209/01 s.14 and s.21. TSSA issues registered contractors with a contractor registration number. Only **one** registration number is required per contractor, but in some circumstances contractors may elect to obtain additional registration numbers to identify and track activities associated with branch or satellite offices.

Multiple registration numbers can be used for the following purposes:

- TSSA can auto email copies of periodic inspection reports to the maintenance contractor of record. If it is desirable to have inspection report
 copies sent directly to local branch offices multiple registration numbers are required
- TSSA collects statistics for the purpose of generating contractor ratings (Contractor ratings impact inspection frequencies). Where multiple contractor numbers exist, each contractor number will be assigned a contractor rating
- Multiple contractor numbers permit separated tracking and separated emailing to branch offices.

If contractors are interested in obtaining multiple registration numbers, complete one <u>branch office info</u> section below for each branch office. **Note:** A \$300 fee applies for each additional contractor number above and beyond the required main or "parent" number. Branch offices share the same contractor registration categories as those requested for the 'parent' registration. Registration category fees are not charged to branch offices.

'Parent' Contrac	tor							
Company Corporate Na	me (Contracto	r)	Ontar	io Corporation No., if applicable	TSSA Contractor Registration No.			
Branch Office In	fo Re	quest for new branch number	er	Renewal of existing bra	anch number:			
Name of Contact			Telep	hone Number	e-mail address			
Business Address:	Street No.		Street Name					
Town/City Township/County:			Provi	nce:	Postal Code:			
Telephone:		Fax:	e-mai	I for inspection reports:				
Branch Office In	fo Re	quest for new branch number	er	Renewal of existing bra	anch number:			
Name of Contact			Telep	hone Number	e-mail address			
Business Address: Street No.			Street Name					
Town/City Township/County:				Province: Postal Code:				
Telephone: Fax:			e-mail for inspection reports:					
Branch Office In	fo Re	quest for new branch number	er	Renewal of existing bra	anch number:			
Name of Contact			Telep	hone Number	e-mail address			
Business Address: Street No.			Street Name					
Town/City Township/County:				nce:	Postal Code:			
Telephone:		Fax:	e-mai	I for inspection reports:				
Branch Office In	fo Re	quest for new branch number	er Renewal of existing branch number:					
Name of Contact			Telep	hone Number	e-mail address			
Business Address: Street No.			Street Name					
Town/City Township/County:			Provi	nce:	Postal Code:			

e-mail for inspection reports:

Telephone:

Fax: