

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

www.tssa.org

Application for Reinstatement as an Elevating Devices Consultant (Contractor)

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

Company Corporate Name (Contractor)									Corporation Number						TSSA Contractor Registration No.		
Name of Contact									ne N	ımber		E	E-mail:				
Street No. Business Address:								Street Name									
Town/City Township/County:									Province: Postal Code:								
Telephone: Fax:								E-mail:					030	ai oodc.			
•		Last Name															
If operating as a Partnership or Sole Proprietorship, please specify the Name of the Owner							me	01 11									
Mailing Address (if different from above): Street No.								Street Name									
Town/City Township/County:									e:			Post	ostal Code:				
Telephone:	Alteri			Fax:					E-mail:								
For targeted electronic mailings,			Please direct any					inancial correspondence to the email of:									
provide contacts a	iligs,				·												
Direct Inspection Reports, Operational & Safety messaging to:																	
							- If sco	pe or work	is lim i	ted* m	ark her	Α.					
Consultants (contractors) must register their scope									eligible for registration as a consultant <i>(contractor)</i> limited to examinations								
of consultancy for all applicable device classelect all that apply.						\downarrow	and t	and testing in a specific device class, list one cu scope and experience is applicable to the select					curre	ently qualified m			
Device Class	Device Class		Itation related to				Nam	e of Quali	fied N	lechan	ic		Ce	rtificate 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																	
Parking Garage Lifts																	
Passenger Ropeways (Ski Lifts)																	
Special Devices specify																	
							FEES'	ķ									
		Enter # of years															
		operating without a															
			Current Year	Total Years		Registratio			Fee Type		Total Years	Total Fees Due					
	Registration			Elevating Device:			ontractor)	Flat	272.50	х =							
			Tota	al Reinstate													
*Note: Er						the license/			yment Fee nount Due	75.00							
registration and will be billed as a separate fee Value in Box 2 to be entered in TSSA Service Prepayment Portal 2																	
								Click here	to access	TSSA S	ervice P	repayment P	ortal				
*If scope is limited, specify limitations here:																	
example (interior cab renovation only)																	
Applicant's Staten •His/her company wh Regulation	nen registe	ered as a co	onsultar	nt (con	tractor) v	will co	omply wit	h all require	ements	s of the				•	Ū		
 His/her company will which they are assigning Applicant has self end Devices. 	ned to wo	rk and that	they wil	l have	full work	king k	nowledg	e of such c	odes			,	,		· ·		
•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	Date Applicant's Official Capacity App							icant's Name						Signature			