



Technical Standards and Safety Authority
345 Carlingview Drive
Toronto, Ontario M9W 6N9
Tel: 416.734.3300
Fax: 416.231.4903
Customer Service: 1.877.682.8772
E-mail: certandexams@tssa.org
www.tssa.org

**Application for an Ontario Certificate of Qualification
as an Operating Engineer or Operator**
Technical Standards and Safety Act
Operating Engineers Regulation

A. CERTIFICATION CANDIDATE INFORMATION:

Note: All information must reflect the information as written on your government issued photo identification.

First Name ▼		Middle Name ▼		Last Name ▼		For Office Use Only Date Account No. WO No. Certificate No.
Date of Birth ▼ DD - MM - YYYY	Suite/Unit No. ▼	Street No. ▼	Street Name ▼			
City ▼		Province ▼		Postal Code ▼		
Primary Phone ▼		Secondary Phone ▼		Email ▼		
Current Certificate Classification ▼		Current Certificate No. ▼				

Important Note:

All new authorization (certificate) requests must include a colour copy of acceptable government issued photo identification with the application form. This includes a copy of a drivers licence, passport or provincial identification card. Upon verification, TSSA will securely destroy copies of the identification and these records will not be retained by TSSA.

New Address or Contact Information? **Yes** **No**

Note: TSSA must be notified of any change of address or contact information.

Preferred Delivery Method: **Mail** **Email**

Note: select for the delivery of invoices, certificates, etc. if you do not select a method, your account will default as 'email'

B. I AM APPLYING FOR CERTIFICATION AS A(N):

<input type="checkbox"/> 4 th Class Operating Engineer	<input type="checkbox"/> 3 rd Class Operating Engineer	<input type="checkbox"/> 2 nd Class Operating Engineer	<input type="checkbox"/> 1 st Class Operating Engineer
<input type="checkbox"/> Refrigeration Operator Class A	<input type="checkbox"/> Refrigeration Operator Class B	<input type="checkbox"/> Compressor Operator	<input type="checkbox"/> Steam Traction Operator

C. APPROVED TRAINING COURSE:

To be completed by the signing authority of the Accredited TSSA Training Provider.

Training Provider ▼	Accreditation No. ▼	Program Name ▼	Date Completed ▼
Address ▼		Phone No. ▼	Email Address ▼
Name of Signing Authority** ▼		Signature of Signing Authority ▼	

**As the signing authority for the TSSA Accredited Training Provider, I certify that the information provided related to the approved training course is true and correct.

As the applicant submitting for certification, I certify that the information I have provided on this application, and all subsequent pages which relate to my testimonial(s) of qualifying experience is true and correct. I understand that making a false statement may result in the revocation of authorization and failure to provide the required information will result in delayed processing and/or approval of the request for certification.



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FEES

Select	Service	Fee Type	Fee	Total Fees Due
	Initial certificates for Operating Engineers/Operators	Flat	133.00	
	Reclassification certificates for Operating Engineers	Flat	133.00	
	Certificate renewals/duplicates/reinstatements for Operating Engineers/Operators	Flat	86.00	

Total Fees Due		
	2	

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

Applicant's Signature		Date DD - MM - YYYY
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This form collects personal information for the purpose of administering certification and examination activities authorized by the Technical Standards and Safety Act, 2000, S.O. 2000, c. 16. This form supersedes and replaces "Form 1" that is adopted by the 2003 Director's Order.



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D. TESTIMONIAL OF QUALIFYING EXPERIENCE:

To be completed by the Chief Operating Engineer/Operator or Company Official.

Note: If multiple plant locations, please complete and attach an additional Testimonial of Qualifying Experience.

CERTIFICATION CANDIDATE INFORMATION:

First Name ▼	Middle Name ▼	Last Name ▼
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PLANT INFORMATION:

Company Name ▼	Phone No. ▼	Type of Plant ▼	Plant Name ▼
Total Plant kW Rating ▼	Plant Reg. No: ▼ R-	Plant Address ▼	
Operating Experience from ▼ DD - MM - YYYY	Operating Experience to ▼ DD - MM - YYYY	Total Qualifying Experience (Number of Hours) ▼	
Position Held (Operating Engineer, Operator or Operating Assistant) ▼			

REGISTERED EQUIPMENT EXPERIENCE	PLANT CODE ▼	REGISTERED KW POWER RATING ▼	EXPERIENCE TIME	
			OPERATING	MAINTENANCE
			Hours ▼	Hours ▼
Boilers				
Steam Prime Movers				
Compressors				
Refrigeration				
Steam Traction				
Boiler operations is mandatory for Operating Engineers and Steam Traction Operators.				
All qualifying experience time ("QET") must be declared in hours.				
Maintenance time must not exceed one third of the total QET, and one third of the total QET for Operating Engineers must be the operation of Boilers.				
Name of Signing Authority or Company Official ¹ ▼	Title of Signing Authority ▼	Certificate No. ▼	Certificate Classification ▼	Phone No. ▼

¹Where a company official has attested to the candidates qualifying experience, a letter of explanation (written on company letterhead, signed by a company official) must accompany this application.

As the Chief Operating Engineer/Operator or Company Official, I certify that the information provided on the testimonial service relating to operating and maintenance experience is true and correct.

Signature of Chief Operating Engineer/Operator or Company Official	Date DD - MM - YYYY
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PAYMENT INSTRUCTIONS

TSSA use only WO # _____	L # _____ CH # _____
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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)

<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