Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Fax: 416.231.4903 Customer Service: 1.877.682.8772 Email: certandexams@tssa.org

Application for an Ontario Certificate of Qualification as a Ski Lift Mechanic

Technical Standards and Safety Act

Certification and Training of Elevating Devices Mechanics Regulation

l am applying for certification a	asa(n):					For Office Use Only
						Date
ull Name of Applicant and			1			
Last Name	First Name		Middle Nan	ne		Account No.
Street No. Street Name						SR No.
City	Provin	ce Postal Code	New Address	Yes I	No	Certificate No.
Email						
Area Code and Talanhana Na	(homo) Coll	No				Date of Birth
Area Code and Telephone No. (home) Cell No.				Required for Certification	or [Year Month Day
f you now hold a Ski Lift Mecha	anic Certificate, give Ce	rtificate No.:				
SSA must be notified of any cl	nange of address and to	elephone number.				
College/organization			Tra	iner ID No.		Examination Date
						Year Month Da
Address						
			¬ ¬			
Applicant has met all the requi Name of Signing Authority: _			NoN/A Pra		tion M	Лаrk:
						Date:
						lark:
Fees: The non-refundab	le application proce	essing fee must be in	ncluded for all	application	s inc	cluding pass or fail grades.
			Fee		T	otal
Select	t Service		Туре	Fee		es Due
Ontario Certi	ficate of Qualification as a Ski l	Lift Mechanic (biennial)	Flat	88.00		
			Total Fees Due			
	If paying by	credit card, amount in Box	2 to be entered in TS	2 SA Service Prep	aymen	nt Portal
All required fee		or application to be p		are non-re	fund	lable.
Lote: Making a false state		options, see Paymen				vide required information will

Note: Making a false statement may result in a fine and/or revocation of authorization. Failure to provide required information will result in delayed processing.

Declaration: I certify the information I have provided is true. I authorize the above named training organization to submit this application and fee on my behalf.

Signature of Applicant	Date (dd-mmm-yyyy)

GUIDELINES FOR SKI LIFT MECHANICS, Form No. ED 09163

Proof of Experience - Mandatory Information Requirement:

- a) Applicants for any class of certificate outlined above are required to submit, along with the application, a letter(s) from past and present employers, written on company letterhead and signed by an officer of the company, stating the exact dates of employment and giving detailed descriptions of the type of work performed. Only if a letter(s) is/are not available from the employer, a letter from a union local containing the same information would be acceptable.
- b) The detailed description of the type of work performed, i.e. installation, maintenance, service... etc., and the type(s) of ski lift devices worked on during the qualifying period will be outlined in the accompanying "Sign-Off Documentation".

Out-of-Province Applicants

Please note that out-of-province applicants may be required to first write the qualifying examination and pass a practical skills evaluation.

Examination:

Applicants must have successfully passed the provincial (or equivalent) examination for the relevant class of certificate with a minimum of 70%. A notice of completion provided by an accredited training and/or examining organization must accompany the application.

Applicants must have attended the full safety training workshops related to the elevating device industry. A certificate of completion must accompany the application.

Checklist:

In order for this application to be complete, please review the following:

- __ Did you complete the application form in full?
- __ Have you enclosed your transcripts for courses completed towards the applicable certificate?
- __ Have you enclosed the certificate of completion of the applicablB. TitleB. Title provincial examination for certification?
- __ Have you enclosed the letter(s) from your past and present employer(s) and/or union local?
- Have you enclosed the certificate of completion for the required safety training?
 - (if taken separately from the full training curriculum)
- __ Have you enclosed the application fee made payable to the Technical Standards and Safety Authority (TSSA)?

Please print and fax back this completed form to Examination Services at 416.231.4903.



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