

Reinstatement Application for an Ski Device License

Under Ontario's Technical Standards and Safety Act Elevating Devices Regulation

Installation/Licence	Number L	ocation/Address					
	<u> </u>						
located, the per		vice as the holder of th	ne licence, less		_	hich an elevating device is he device, or otherwise, but does	
Owner/Licensee Name*			Account No.				
PRIMARY ADDI	RESS* (Physical lo	cation of the busir	ness, canno	t be a F	PO Box)		
Street No.				Unit			
Town/City		Province	ince		Postal Code		
	PROPERTY MANA	AGEMENT COMP	PANY (If app	licable)			
Company Name		T					
Contact Name		Email		Telephone No.			
C. BILLING AD	DRESS* same as pr	rimary address □ Ye	s 🗆 No (Invoi	ces will b	oe mailed to	o this address)	
Street No.	Street Name			Unit		PO Box	
Town/City	Province			Postal Co		ode	
Bill Preferred Delivery Method			E-invoice email address:				
E-invoicing: Ye							
D. SHIPPING A	DDRESS* same as	billing address □ Ye	es 🗆 No (Licer	nces will	be mailed	to this address)	
Street No.	Street Name			Unit		PO Box	
Town/City		Province			Postal C	code	
Maintenance Cont	tractor*		1				
Maintenance Contractor* Contractor Name: Cor			Contractor	Contractor Registration No			
Maintenance Agre		heck one: Expiry					
wantenance Agre	ement riease o	песк опе. 🗆 Ехрпу		(uu-mm-yy)	yy) 🗆 Automatic Renewal	

Please provide **two** dates (dd-mm-yyyy) and **time frame** for the inspection at the site once your application has been successfully processed. **TSSA will try to accommodate requested inspection dates as feasible based on Inspector availability.**

Notes for selecting dates:

- 1) Dates selected must be a minimum of 15 business days from the submission of the application
- 2) If no date(s) are provided, an inspection date will be assigned for you



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Mandatory Inspection*						
Preferred Inspection Date:	Time Frame: □ Morning (8am – 11am) □ Afternoon (12pm – 3pm)					
(dd-mm-yyyy)						
Alternative Inspection Date:	Time Frame: ☐ Morning (8am – 11am) ☐ Afternoon (12pm – 3pm)					
(dd-mm-yyyy)						
Site Contact Name & Phone number:						
Should the preferred/alternate date be unavailable, we will schedule the earliest availability						

For a successful inspection to put your device back in service, please contact your maintenance contractor to ensure the following work is completed/confirmed:

- Compliance with any outstanding inspector orders and/or safety tasks
- Compliance with any applicable codes
- Compliance with any applicable safety requirements ie. director's orders, manufacturer bulletins, etc
- Required maintenance and logbook are up-to-date
- Access to all areas of the device required for inspection ie. Lobbies and machine room

If this work is not complete:

- The device will not be put back into service
- The Inspector will issue orders for all the non-compliances to be corrected
- A Follow-Up inspection will be required
- Additional fees will be applied

Declaration: I hereby declare that as the owner/licensee of this elevating device, I am responsible for the operation of the device and for ensuring that the device is properly serviced and maintained by a maintenance contractor as required by O.Reg 209/01 (Elevating Devices).

The Reinstatement Fee is non-refundable

Note: This application will not be processed without the required Reinstatement fee

Date (dd-mm-yyyy)	Applicant's Official Capacity	Applicant's Name	Signature		

FEES

Enter # of years operating without a License	Current Year	Total Years	Licenses	Fee Type	Fee	Total Years			Total Fees Due
			Rope Tow	Flat	359.50	x		=	
			Conveyor	Flat	447.00	х		=	
			Bar Lifts	Flat	834.00	x		=	
			Chair Lifts	Flat	1,090.00	x		=	

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 nonrefundable.