



Technical Standards and Safety Authority  
345 Carlingview Drive  
Toronto, Ontario M9W 6N9  
Tel: 416.734.3300  
Fax: 416.231.4078  
Customer Service: 1.877.682.8772  
Email: [CustomerManagement@tssa.org](mailto:CustomerManagement@tssa.org)  
[www.tssa.org](http://www.tssa.org)

# Reinstatement Application for an Elevating Device License

Under Ontario's *Technical Standards and Safety Act*

Elevating Devices Regulation

**The Reinstatement Fee is non-refundable**

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

## Customer Information:

Contact Person:

Company Name:

Account Number:

Mailing address:

## Reinstatement Details:

Installation Number	Location/Address

## FEES\*

Enter # of Years Operating Without a License	Current Year	Total Years	Licenses	Fee Type	Fee	Total Years	Total Fees Due
			<b>Elevators</b>				
			3 Floors or less	Flat	\$ 250	x	=
			4 - 20 Floors	Flat	\$ 330	x	=
			21+ Floors	Flat	\$ 400	x	=
			<b>Other</b>				
			Escalators or moving walk	Flat	\$ 470	x	=
			Construction hoist	Flat	\$ 700	x	=
			Elevating device other than above	Flat	\$ 250	x	=

**Total Reinstatement Fees Due**

Value in Box 2 to be entered in TSSA Service Prepayment Portal **2**

Click here to access [TSSA Service Prepayment Portal](#)

**All required fees must be prepaid for application to be processed. Fees are non-refundable.**

**\*Note: Engineering and/or Inspection services may be required to reinstate the license/ registration and will be billed as a separate fee**

## Maintenance Contractor\*

Contractor Name \_\_\_\_\_ Contractor Registration No. \_\_\_\_\_

**Maintenance Agreement.** Please check one: ☐ Expiry Date \_\_\_\_\_ (dd-mm-yyyy)  
☐ Automatic Renewal

\*Mandatory field



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<b>Customer Information Same as Page 1:</b>	
Company Name:	Account Number:

## REQUESTED CHANGES (Not Applicable for Change of Ownership) Update information below if changes are necessary

Managing Company (if applicable):			
Contact Name		Position	Telephone No.
Mailing Address			
Street No.	Street Name		
Town / City or Township / County		Province	Postal Code
Telephone No.	Alternate Telephone No.	E-mail	

**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)

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