Technical Standards and Safety Authority
345 Carlingview Drive
Toronto, Ontario M9W 6N9 Tel: 416.734.3300
Application for Registration as an
Elevating Devices Owner Contractor
under Ontario's Technical Standards and Safety Act
Elevating
Email:licencingandregistration@tssa.org
Customer Service: 1.877.682.8772 www.tssa.org
Devices Regulation

| Application for: $\square$ Initial Contractor Registration |  | $\square$ Renewal | $\square$ Change of Scope | $\square$ with limited* scope |
| :---: | :---: | :---: | :---: | :---: |
| TSSA Contractor Registration No.: |  |  |  |  |
| Company (Owner/Operator=): |  |  |  |  |
| Corporation No:/Business Identification No: |  |  | Name of Contact: |  |
| Bus. Telephone No: |  | Email Address: |  |  |
| Please provide complete Mailing address in the fields provided below |  |  |  |  |
| Street No: | Street Name: |  | UnitSuite: |  |
| City/Town: $\quad$ Province: |  |  | Postal/Zip Code: |  |
| Bus. Telephone No: |  |  | Fax No: |  |
| If your business location address is different from your mailing address, please complete this section |  |  |  |  |
| Street No: | Street Name: |  | UnitSSuite: |  |
| City/Town: $\quad$ Province: |  |  | Postal/Zip Code: |  |
| Bus. Telephone No: |  |  | Fax No: |  |


| Owner Contractors must register their scope of maintenance activities for all applicable device classes. Select all that apply. |  |  | $\downarrow$ | If scope or work is limited* mark here. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | To be eligible for registration in a specific device class, list one currently qualified mechanic whose scope and experience is applicable to the selected device class. |
| Device Class | Maintenance of | No of Units Maintained |  | Name of Qualified Mechanic | Certificate Type | Certificate No. |
| Class 1: Elevators |  |  |  |  |  |  |  |
| Freight elevators | $\square$ |  | $\square$ |  |  |  |
| Freight elevators - P | $\square$ |  | $\square$ |  |  |  |
| Hand-powered freight elevators | $\square$ |  | $\square$ |  |  |  |
| Observation elevators | $\square$ |  | $\square$ |  |  |  |
| Passenger elevators | $\square$ |  | $\square$ |  |  |  |
| Sidewalk elevators | $\square$ |  | $\square$ |  |  |  |
| Temporary elevators | $\square$ |  | $\square$ |  |  |  |
| Limited use/limited application elevators | $\square$ |  | $\square$ |  |  |  |
| Class 2: Dumbwaiters |  |  |  |  |  |  |
| Dumbwaiters (not hand-powered) | $\square$ |  | $\square$ |  |  |  |
| Hand-powered dumbwaiters | $\square$ |  | $\square$ |  |  |  |
| Class 3: Escalators |  |  |  |  |  |  |
| Escalators | $\square$ |  | $\square$ |  |  |  |
| Class 4: Moving Walkways |  |  |  |  |  |  |
| Moving walkways | $\square$ |  | $\square$ |  |  |  |



## FEES

| Select | Contractor Registration <br> (Installation and/or Maintenance) | Fee <br> Type | Fee | Total <br> Fees Due |
| :---: | :--- | :---: | ---: | ---: |
| $\square$ | 100 or less devices | Flat | $\$$ | 300 |
| $\square$ | $101-500$ devices | Flat | $\$$ | 1,200 |
| $\square$ | $501-1,000$ devices | Flat | $\$$ | 3,000 |
| $\square$ | $1,001-2,000$ devices | Flat | $\$$ | 4,000 |
| $\square$ | $2,001-3,000$ devices | Flat | $\$$ | 5,000 |
| $\square$ | $3,001-5,000$ devices | Flat | $\$ 15,000$ |  |
| $\square$ | $5,001+$ devices | Flat | $\$ 25,000$ |  |
| $\square$ |  |  |  |  |



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.
*If scope is limited, specify limitations here:
example: annual testing by registered contractors
If the selected scope of work includes Maintenance, submit a complete listing of all devices currently maintained. Electronic files in excel format
must be e-mailed to licencingandregistration@tssa.org Lists shall be provided with two columns with the following headings

| Contractor Registration No. | ED Installation (Device) No. | Service Contract Expiry Date (mm/dd/yyyy) |
| :--- | :--- | :--- |

Applicant's Statement: The undersigned applicant states (on behalf of the company) that:

- His/her company when registered as an owner contractor will comply with all requirements of the Technical Standards and Safety Act, Elevating Devices Regulation.
- His/her company will ensure that all mechanics have access to the latest edition and revision of the code(s) applicable to the elevating devices on which they are assigned to work and that they will have full working knowledge of such codes
- Applicant has self ensured that supervisory staff and listed mechanics have full knowledge of the Technical Standards and Safety Act, Elevating Devices
- 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

Applicant's Official Capacity
Applicant's Name
Signature

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 \#: $\qquad$

## 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

