

Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300 Fax: 416.234.9169 Email:CustomerManagement@tssa.org Customer Service: 1.877.682.8772 www.tssa.org

Application for Reinstatement as an Elevating Devices Contractor

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

	dicate if ap	oplyin	g for Multi	ple C	ontra	ctor Reg	gistration Numbers and co	omplete pa			
Company Corporate Name (Contractor)					Corporation Number		۲ 	SSA Contractor	Registration No.		
Name of Contact					Telephone Number		E	E-mail:			
Street No.					Street Name						
Town/City Township/Count	y:	-					Province:		Postal Code:		
Telephone:		Fa					E-mail :				
If operating as a Partnershi please specify the Name of			ietorship,	Fire	st Narr	ne		Last Na	me		
Mailing Address Street No. (if different from above):					Street Name						
Town/City Township/Coun	ty:						Province:		Post	al Code:	
Telephone:		Fa	x:				E-mail:				
For targeted electronic mail	linas		Plea	se di	rect ar	ny Finan	cial correspondence to the	email of:			
provide contacts as shown:		I					Operational & Safety mess				
(installation and / or maintenance) for all applicable				To b	e or work is limited* mark here. e eligible for registration in a specific device class, list one currently qualified nanic whose scope and experience is applicable to the selected device class.						
Device Class	Installa of	tion	Maintena of	nce	¥	Name	e of Qualified Mechanic		0	Certificate Type	Certificate No.
Elevators											
Dumbwaiters											
Escalators											
Moving walks											
Shopping cart conveyors											
Freight platform /Material lift											
Lift for persons w/disabilities											
Manlifts											
Construction Hoists											
Inclined lifts											
Stage lifts											
Parking Garage Lifts											
Passenger Ropeways (Ski Lifts	5)										
Special Devices specify											
	Į										
							FFFS*				

Enter # of Years Operating Without a Current Total **Contractor Registration** Fee Total Total License Year (Installation and/or Maintenance) Years Fees Due Years Туре Fee 315.00 \$ = 100 or less devices Flat X 101 - 500 devices \$ = Flat 1,260.00 X \$ 501 - 1,000 devices 3,150.00 = Flat х 4,200.00 = 1,001 - 2,000 devices Flat \$ X = 2,001 - 3,000 devices Flat \$ 5,250.00 х 3,001 - 5,000 devices \$ 15,750.00 = Flat X 5,001+ devices \$ 26,250.00 X Flat =

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

Total Reinstatement Fees Due

2

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 non-refundable.

\star If scope is limited, specify limitations here	e:					
example (interior cab renovation only)						
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 CustomerManagement@tssa.org .Lists shall be provided with three columns with the following headings						
Contractor Registration No.	ED Installa	tion (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 a 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 O	fficial Capacity	Applicant's Nar	ne Signature			



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Multiple Contractor Registration Number Application Form

All Contractors are required to be registered as per O.Reg 209/01 s.14 and s.21. TSSA issues registered contractors with a contractor registration number. Only **one** registration number is required per contractor, but in some circumstances contractors may elect to obtain additional registration numbers to identify and track activities associated with branch or satellite offices.

Multiple registration numbers can be used for the following purposes:

- TSSA can auto email copies of periodic inspection reports to the maintenance contractor of record. If it is desirable to have inspection report
 copies sent directly to local branch offices multiple registration numbers are required
- TSSA collects statistics for the purpose of generating contractor ratings (Contractor ratings impact inspection frequencies). Where multiple contractor numbers exist, each contractor number will be assigned a contractor rating
- Multiple contractor numbers permit separated tracking and separated emailing to branch offices.

If contractors are interested in obtaining multiple registration numbers, complete one <u>branch office info</u> section below for each branch office. **Note:** A \$300 fee applies for each additional contractor number above and beyond the required main or "parent" number. Branch offices share the same contractor registration categories as those requested for the 'parent' registration. Registration category fees are not charged to branch offices.

'Parent' Contractor

Company Corporate Name (Contractor)	Ontario Corporation No., if applicable	TSSA Contractor Registration No.

Branch Office Info R	equest for new branch numbe	r Renewal of existing br	anch number:
Name of Contact		Telephone Number	e-mail address
Business Address:		Street Name	
Town/City Township/County:		Province:	Postal Code:
Telephone:	Fax:	e-mail for inspection reports:	

Branch Office Info Re	quest for new branch number	Renewal of existing br	anch number:
Name of Contact		Telephone Number	e-mail address
Street No. Business Address:		Street Name	
Town/City Township/County:		Province:	Postal Code:
Telephone:	Fax:	e-mail for inspection reports:	

Branch Office Info	Request for new br	anch number Renewal of ex	isting branch number:		
Name of Contact		Telephone Number	e-mail address		
Stuber Stuber Stuber Stuber Stuber Stuber Stuber Students	reet No.	Street Name	Street Name		
Town/City Township/County:		Province:	Postal Code:		
Telephone:	Fax:	e-mail for inspection repo	rts:		

Branch Office Info	Request for new br	ranch number Renewal of	Renewal of existing branch number:		
Name of Contact		Telephone Number	e-mail address		
Business Address:	et No.	Street Name	Street Name		
Town/City Township/County:		Province:	Postal Code:		
Telephone: Fax:		e-mail for inspection re	e-mail for inspection reports:		