

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 Consultant (Contractor)

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

Company Corpora	Corporation Number				TSSA Contractor Registration No.									
Name of Contact							Telephone Number				E-mail:			
Business Address: Street No.							Street Name							
Town/City Township/County:							Province: Postal Code:							
Telephone: Fax:							Province: Postal Code: E-mail:							
•	ortnorobin	or Colo		robin Ei	ot Non	20	L-IIIaII.		Last Na	mo				
If operating as a Partnership or Sole Proprietorship, please specify the Name of the Owner						ne			Last Na	arrie				
Mailing Address Street No. (if different from above):							Street Name							
Town/City Township/County:							Province: P				Postal Code:			
Telephone: Altern				nate:			Fax: E				E-mail:			
			7 (1011)								maii.			
For targeted electronic mailings provide contacts as shown:			3-7				ny Financial correspondence to the email of:							
provide contacts a	Direct Inspection Reports,				Operational & Safety messaging to:									
						If coor	e or work is limited	* mark h	oro					
Consultants (contr	actors) m	ust regis	ter their s	соре										
of consultancy for all applicable device classes. Select all that apply.					\downarrow	and te	eligible for registration as a consultant (constitution of the string in a specific device class, list one contains and experience is applicable to the select				currently qualified mechanic whose			
Device Class Co			Consultation related to			Name	of Qualified Mechanic			Certificate Type		ate Type	Certificate No.	
Elevators												-		
Dumbwaiters														
Escalators														
Moving walks														
Shopping cart conve	eyors													
Freight platform /Ma	-													
Lift for persons w/di														
Manlifts														
Construction Hoists														
Inclined lifts														
Stage lifts														
Parking Garage Lifts														
Passenger Ropeway	s (Ski Lifts)													
Special Devices specify														
, ,	- 1													
						FEES*					7			
	ter # of Years													
	erating													
	hout a	Current	Total					Fee		To	tal	Total		
Li	cense	Year	Years			Registratio	n	Type	Fee	Yea	ars	Fees Due		
				Elevating De	vices Cor	nsultant (Co	ntractor)	Flat	\$ 262.50	X	=			
*Note				rvices may be			te the license/	Total F	Reinstatemen	t Fees I	Due		7	
	re	gistration	and will be i	oilled as a sepa	arate fee		e in Box 2 to be entere Click here		Service Prepa			2 nent Portal		
*If scope is limited,	specify lir	nitations	here:											
example (interior cab renovation only)														
						h -15 - 5 0					•			
Applicant's Statem *His/her company wh Regulation *His/her company wil which they are assign *Applicant has self er Devices.	nen registe Il ensure the ned to work nsured tha	red as a nat all me k and tha t supervis	consultant echanics or at they will sory staff,	(contractor) engineers h have full wo listed mecha	will co have ac rking kr hics or	mply with cess to the nowledge engineer	all requirements of the latest edition and of such codes s have full knowledge	revision ge of the	of the code	e(s) ap Standa	plicab ards a	le to the ele	evating devices on act, Elevating	
 This application is a the Technical Standa 			2000.		naking a	a false sta	tement or furnishing	g false in	formation is	s an of	ffence	under sect	ion 37 (1)(b) of	
Date			icial Capa	• •			cant's Name					nature		