



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

Application for an Elevating Device Licence Ownership/Licensee Change

Under Ontario's *Technical Standards and Safety Act*

Elevating Devices Regulation

All devices must be at the same location.

Licence Fee (non-refundable) For details please refer to the Elevating Devices Fee Schedule available at www.tssa.org under the "Licence Fees" section.

Note: You are required to notify the Technical Standards and Safety Authority of any change of ownership **within 10 days** of change.

When submitting this application you must provide pre-payment along with the specified documentation as described under Required Documentation Checklist on page 2. This application will not be processed without the required pre-payment and documents.

Please select appropriate box: Change of Ownership Effective Date: _____ ** (See checklist on page 2.)
 (dd-mm-yyyy)

Change of Licensee Effective Date: _____ ** (See checklist on page 2.)
 (dd-mm-yyyy)

Elevating Device Installation Number(s). (Please attach separate list, if necessary.)	Site Name

Elevating device(s) location			
Street No.	Street Name		
Town / City or Township / County			Province
			Postal Code

1. OWNER/LICENSEE INFORMATION - "OWNER" includes the owner of the building in which an elevating device is located, the person in charge of the device as the holder of the licence, lessee, agent, owner of the device, or otherwise, but does not include an attendant or operator of the device.			
Company Name		TSSA Customer No. if available	Corporation No. ** (See checklist on page 2.)
Contact Name		Position	Telephone No.
<i>Mailing Address</i>			
Street No.	Street Name		
Town / City or Township / County			Province
			Postal Code
Telephone No.	Alternate Telephone No.	E-mail	

2. PROPERTY MANAGEMENT - Complete this section if the building is managed by a property management company.			
Company Name			Corporation No.
Contact Name		E-mail	Telephone No.
<i>Mailing Address</i>			
Street No.	Street Name		
Town / City or Township / County			Province
			Postal Code



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Maintenance Contractor

Contractor Name _____ Contractor Registration No. _____

Maintenance Agreement. Please check one: Expiry Date _____ (dd-mm-yyyy)
 Automatic Renewal

** Required Documentation Checklist:

- A copy of legal incorporation/business name registration documents.
 (i.e. Master Business Licence, Certificate of Incorporation, Corporate Profile, limited partnerships reports, etc.)
- A copy of the legal transfer documents with effective date.
 (i.e. Bill of Sale, Lease Agreement, Condominium Corporation Registration, etc.)

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 under the *Technical Standards and Safety Act*, Elevating Devices Regulation.

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

FEES

Enter # of Devices	Licenses (Annual) <i>(Includes license, periodic inspections, travel & 1 follow-up per periodic) - any additional follow-up billed per fee schedule</i>	Fee Type	Fee	QTY	Total Fees Due
	Elevators				
	3 Floors or less	Flat	\$ 250	x	=
	4 - 20 Floors	Flat	\$ 330	x	=
	21+ Floors	Flat	\$ 400	x	=
	Other				
	Escalators or moving walk	Flat	\$ 470	x	=
	Construction hoist	Flat	\$ 700	x	=
	Elevating device other than above	Flat	\$ 250	x	=
	Temporary License (6 months)	Flat	\$ 1,400	x	=

Total Fees Due			
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2

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



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PAYMENT INSTRUCTIONS

TSSA use only	L #	CH #
WO # _____		

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)

<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 #: _____

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