



Technical Standards and Safety Authority

www.tssa.org

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## Application for Accreditation as an Elevating Devices Training Provider

Application for: <input type="checkbox"/> Initial Training Provider Accreditation		<input type="checkbox"/> Renewal		<input type="checkbox"/> Addition of Scope	
Company Corporate Name (Training Provider)			Ontario Corporation No., if applicable		
Name of Contact			Telephone Number		e-mail address
Business Address: Street No.		Street Name			
Town/City Township/County:			Province:		Postal Code:
Telephone:		Fax:		e-mail :	
If operating as a Partnership or Sole Proprietorship, please specify the Name of the Owner		First Name		Last Name	
Mailing Address (if different from above): Street No.		Street Name			
Town/City Township/County:			Province:		Postal Code:
Telephone:		Fax:		e-mail:	
For targeted electronic mailings, provide contacts as shown:		Direct financial correspondence to (email):			
		Direct inspection/ audit reports and safety messaging to (email):			

Training Providers must register their <b>scope of training</b> for all applicable classes. Select all that apply.			To be eligible for approval of a training program, list all currently qualified instructor(s)/mechanic(s) whose scope and experience is applicable to the selected device class. Resumes and certificates shall be attached to the registration form.		
Device Class	In Class of	Remote/ Online of	Name of <u>all</u> Qualified Instructor(s)/Mechanic(s)	Certificate Type	Certificate No.
EDM-A	<input type="checkbox"/>	N/A			
EDM-B	<input type="checkbox"/>	<input type="checkbox"/>			
EDM-B-BH	<input type="checkbox"/>	<input type="checkbox"/>			
EDM-B-PGL	<input type="checkbox"/>	<input type="checkbox"/>			
EDM-B-TP	<input type="checkbox"/>	<input type="checkbox"/>			
EDM-C	<input type="checkbox"/>	<input type="checkbox"/>			
EDM-CE	<input type="checkbox"/>	<input type="checkbox"/>			
EDM-CM	<input type="checkbox"/>	<input type="checkbox"/>			
EDM-D	<input type="checkbox"/>	<input type="checkbox"/>			
EDM-E	<input type="checkbox"/>	<input type="checkbox"/>			
EDM-E-VC	<input type="checkbox"/>	<input type="checkbox"/>			
EDM-F	<input type="checkbox"/>	<input type="checkbox"/>			
EDM Safety Training	<input type="checkbox"/>				
EDM Continuing Education	<input type="checkbox"/>	<input type="checkbox"/>			
Emergency Evacuation	<input type="checkbox"/>	N/A			

<b>Legal Disclaimer:</b> Applicant agrees to indemnify and hold harmless TSSA and its employees, agents, successors and assigns from any and all damages, actions, suits, claims or loss for any act or omission related to the accreditation of the Applicant as a training provider or the or approval of any of its training programs.  I certify that the information provided in this application is true and acknowledge that I have reviewed and unconditionally agree to abide by the terms and conditions contained in the TSSA Elevating Device Training Provider Accreditation Policy. I acknowledge that TSSA may cancel the Applicant's accreditation for non-compliance with the Training Provider Policy or if any false or misleading material has been submitted with this application.			
Date	Applicant's Official Capacity	Applicants Name	Signature
			(I have authority to bind the Applicant*)
<i>Information in this form is being collected under the authority of the Technical Standards and Safety Act, 2000.          You must notify TSSA of any change in the information provided herein.</i>			

▲ Accreditation/Inspection fees are nonrefundable and payable to Technical Standards and Safety Authority