



Technical Standards and Safety Authority

Web site: www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto ON M8X 2X4
Tel.: (416) 734-2700
Toll-free: 1-877-682-8772

Application for Initial Device Licence

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

This form may be used for all installations covered by one design submission (up to maximum of four). The licence for each individual installation will not be issued until authorized by an inspector in "initial inspection notice" (Form No. ED 09404).

1 Elevating device installation number(s)

Elevating device location

2 Bldg. Name

3 Street

Postal Code

4 City/Prov.

Owner of the Elevating Device(s) Ontario Corp. #, if applicable Telephone No.

5 Name () | | | | - | | | | |

6 Street (Fax No.) | | | | - | | | | |

Postal Code

7 City/Prov.

8 E-mail address:

Is owner's name and address (as stated above) to appear on the licence as "Licensee"?

State "Yes" or "No" Note: If "No" complete licensee information below

"Licensee" Designate Telephone No.

9 Name () | | | | - | | | | |

10 Street (Fax No.) | | | | - | | | | |

Postal Code

11 City/Prov.

12 E-mail address:

13 Affiliation with the owner Lessee Agent Tenant Management Company if other, specify

14 Mailing address for all future invoices, licences correspondence will be the address of: Owner Licensee

15	16 Method of Payment	17 Number of units	18 Fee per unit	19 Total fee enclosed
Required Fee	Receipt No.		(X \$400.00 for "Temporary" Licence)	
			X \$100.00 = \$	
	Payable to Technical Standards and Safety Authority			

Applicant information

20 Applicant's (Company) Affiliation Owner Licensee If other specify affiliation with owner and fill in line 21

21 Applicant's Company Name

22 Applicant's name & official capacity

23 Date of Application	24 Applicant's signature	Telephone No.
Day Month Year	Signature <input type="checkbox"/>	() -