



Technical Standards and Safety Authority
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ROT Instructor Practical Experience Sign-Off Information

Technical Standards and Safety Act

Applicant First and Middle Name: (in full) PLEASE PRINT			Applicant Signature:		
Last name:			Date:		
Mailing Address:		Apt:	Check the ROT(s) you plan to instruct: PPO-1 PPO-2 PPO-3, PTO1 PCI-1 CH-01 CH-02 CH-SM1 CH-SM2 RE-O		
City:	Province:				
Postal Code:	Telephone Number:	Email:			
Date of Birth: Year/Month/Day	Mail	Email			
Option 1. Supervising Certificate Holder Sign-off The signing authority shall be a Supervising Certificate Holder with the same ROT or higher					
Print Name:					
Certificate/ ROT Type:					
TSSA Training Provider Number:					
Option 2. Employer / Training Provider Sign-off The signing authority shall be a Company or Employer authority: Company owner, President, Chief Executive Officer (CEO) or manager.					
Company / Organization Name:					
TSSA Training Provider Number (if available):					
Print Name of Signing Authority			Title:		
Proof of Practical Experience					
ROT Category	Field Experience		Signature of person signing off on experience		
	Type of equipment: Length of experience: Location:		Signature:		
			Date:		
	Type of equipment: Length of experience: Location:		Signature:		
			Date:		
	Type of equipment: Length of experience: Location:		Signature:		
			Date:		
	Type of equipment: Length of experience: Location:		Signature:		
			Date:		

Making a false statement may result in a fine and/or revocation of authorization. Failure to provide required information will result in delayed processing.

Important Note: All new authorization (certificate) requests must include a colour copy of acceptable government issued photo identification with the application form. This includes a copy of a drivers licence, passport or provincial identification card. Upon verification, TSSA will securely destroy copies of the identification and these records will not be retained by TSSA