



Technical Standards and Safety Authority  
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# Leave of Absence Notification Form

**Clear Form**  
**Print Form**

*Technical Standards and Safety Act*

The purpose of this application is to notify TSSA of a leave of absence.  
**NOTE: It is mandatory to complete all parts of this form.**

First Name ▼		Middle Name ▼		Last Name ▼		<b>For Office Use Only</b>
Date of Birth ▼	Suite/Unit No. ▼	Street No. ▼	Street Name ▼			
DD - MM - YYYY						
City ▼		Province ▼		Postal Code ▼		
Primary Phone ▼		Secondary Phone ▼		Email ▼		
Current Certificate No. ▼			Current Certificate Expiry Date ▼			
Start date of Leave of Absence ▼						
Reason for Leave of Absence:	Military		Medical		Parental	
<b>Acknowledgement:</b>						
I hereby request a leave of absence. I understand that I cannot perform work requiring this certificate, nor will a copy of the certificate be issued during my leave of absence.						
I acknowledge that during this time the fees for my certificate will be waived. I understand I am required to notify TSSA before the end of the (maximum) 2-year leave to have my certificate reinstated.						
I understand that if my leave extends beyond 2 years and I fail to notify TSSA that I wish to be reinstated, I will be subject to full requalification or reinstatement prior to my certificate being issued.						
<b>Name:</b>						
<b>Date:</b>						
<b>Signature:</b>						