3. The declaration shall be made by the person having full authority a

4. Quality control programs shall be resubmitted for validation at a maximum interval of five (5) years.

responsibility for the quality of the end product.

UNIFORM STATUTORY DECLARATION FORM FOR THE REGISTRATION OF FITTING DESIGNS

NEW BRUNSWICK NOVA SCOTIA PRINCE EDWARD ISLAND NEWFOUNDLAND AND LABRADOR NUNAVUT YUKON NORTHWEST TERRITORIES MANUFACTURERS NAME: Armstrong International, Inc. MANUFACTURERS ADDRESS: 816 Maple St., Three Rivers, MI 49093 USA PLANT LOCATIONS: Three Rivers, MI TITLE OF THE STANDARD OF CONSTRUCTION ASME 831.1 & 831.3 CATEGORY OF FITTINGS TO BE REGISTERED. CIRCLE ONE CATEGORY ONLY A Pipe fittings, including couplings, tees, elbows, Ys, plugs, unions, pipe caps, or reducers B Flances: all flances C Valves: all line valves D Expansion joints, flexible connections, and hose assemblies: all types E Strainers, filters, separators, and steam traps Measuring devices, including pressure gauges, level gauges, sight glasses, levels, or pressure transmitters Certified capacity-rated pressure relief devices acceptable as primary over pressure protection on bollers, pressure vessels, piping and fusible plugs Pressure retaining components that do not fall into one of the above categories N Nuclear components: Class 1 Class 2 Class 3 (Meeting CNSC or ASME requirements)
SHOW MANUFACTURERS NAME, TRADEMARK, OR LOSO AS IT WILL APPEAR ON THE PRODUCT TYPE OF CONSTRUCTION FORGED | WELDED | WROUGHT | CAST X OTHER D Armstrong LIST OF SUPPORTING DOCUMENTATION AND IDENTIFICATION OF THE ACTUAL ITEMS TO BE REGISTERED: See page 2 for listing DECLARATION: I _Jonathan Hubbard ______(**** nois***) employed by _Armstrong International, Inc_____and being the person having full authority and responsibility for the quality of the end product do solemnly declare that the information contained in this form is true and to the best of my knowledge represents the product for which registration is sought. The dimensions, materials of construction, pressure temperature ratings, and identification markings are in accordance with the herein named standards. I further declare that the manufacture of these fittings is regulated by a Quality Control Program which extends to each plant where fabrication occurs in whole or in part and has been verified by HSB Registration Services as being suitable for the purpose and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath. Signature of Declarer: USE THIS SPA Declared before me at The OFFICIA Commissioner of Oaths Q ROBERTA M. RYAN or Notary Public: (sign) Notary Public, St. Joseph Co. This space for Regulatory Althority use ate of This registration must be revalidated after ten (15) years from th CRN: __OH11517.5 REV1 Northwest Territories REGISTERED FID#: 106 15.00 UNDER THE AUTHORITY OF THE BOILER AND PRESSURE All fittings shall be registered in the name of the Manufacturer.
 Each category shall be supported with two Statutory Declaration VESSEL ACT. forms and one copy of supporting documentation.

C.R.N. 04/15/7.5T

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ittings Rev. 1 06/2003

SIGNED

TATE PAR