UNIFORM STATUTORY DECLARATION FORM FOR THE REGISTRATION OF FITTING DESIGNS

NEW BRUNSWICK NUNAVUT	NOVA SCOTIA YUKON	PRINCE EDWARD ISLAND NORTHWEST TERRITORIES	NEWFOUNDLAND AND LABRADOR
MANUFACTURERS NAME	: Armstrong Internation	nal, Inc.	
MANUFACTURERS ADDR	ESS: 816 Maple St. Three	Rivers, MI 49093 USA	
PLANT LOCATIONS: Ser	ne		
CATEGORY OF FITTI	NGS TO BE REGISTERF	D. CIRCLE ONE CATEGORY ONLY	
		gs, unions, pipe caps, or reducers	TITLE OF THE STANDARD OF CONSTRUCTION In accordance with ASME 831.1 B 831.3
D Expansion joints, flexible E Strainers, filters, separate	connections, and hose assem		
G Certified capacity-rated o	ing pressure gauges, level gai	uges, sight glasses, levels, or ble as primary over pressure protection or	
# Pressure retaining compo	onis that do not fall late one	AC Now when you are	1
i sa modescomponence: Cis	ISC Class 7 Class 7	I the shove categories I (Meeting CNSC or ASME requirements) AS IT WILL APPEAR ON THE PRODUCT	
	Ab	ST HALE AFFEAR UN THE PRODUCT	TYPE OF CONSTRUCTION
			FORGED WELDED WROUGHT DESCRIBE OTHER:
LIST OF SUPPORTING	DOCUMENTATION AND	IDENTIFICATION OF THE ACTUAL	TIEMS TO BE DECYCTEDED.
DECLARATION: Andy Schirk, Global Quality i	Director (see now 3) employed	d by Armstrong International, Inc. and bel	
Andy Schirk, Global Quality Director (sea now 3) 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 semperature ratings, and identification markings are in accordance with the herein named stendards. 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: Analy Associated by Armstrong International, Inc. and being the person having full authority and responsible for the purpose and I make this solemn of the same force and effect as if made under oath.			
ilgnature of Declarer:	Inely the	<u>// </u>	The state of the s
Declared before me at _Thi	ree Rivers, MI	USE:	THIS SET E THE
his day of	Zinth vo 90	977 o	FFICING TO STATE OF THE STATE O
ommissioner of Oaths r Notary ROBERTA MARIE HY NOTARY PUBLIC ST. JOSEPH C.	aumh à béi	marie Byon	- 3 P. S. S. S.
My Commission Expires Sep Thi	. 13, 2024 This spaces registration must be revalid	te for Regulatory Authority use ated after ten (10) years from the date o	cceptage
CRN: 0H14860	.5 Rev.1		hwest 600
FID#: _FID-106		/	lerritories \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Notes:shape) X 13.5°W. Cast L. All fittings shall be registere	04 pump trap 3"x2". 18.5"L (o fron construction. 90psig @ -2 id in the name of the Manufac lorted with two Statutory Deci	turer. THE BOILE	GISTERED HE AUTHORITY OF ER AND PRESSURE
3. The declaration shall be ma responsibility for the nuality of	de by the parson having full a	uthority and CRNC	SSEL ACT. 0414860.57 RW.1
 Quality control programs shat a maximum interval of five (all be resubmitted for validati	on SIGNED	Sect. 1.00 PROTECT RAY 1 06/2003
RN expires Aug.5th, 2031 - DO		DATE	10/10/1