UNIFORM STATUTORY DECLARATION FORM FOR THE REGISTRATION OF FITTING DESIGNS

NEW BRUNSWICK NOVA SCOTIA NEWFOUNDLAND AND LABRADOR PRINCE EDWARD ISLAND NUNAVUT YUKON NORTHWEST TERRITORIES MANUFACTURERS NAME: Armstrong International, Inc. MANUFACTURERS ADDRESS: 816 Maple St., Three Rivers, MI 49093 USA PLANT LOCATIONS: CATEGORY OF FITTINGS TO BE REGISTERED. CIRCLE ONE CATEGORY ONLY TITLE OF THE STANDARD OF CONSTRUCTION Consistent with ASME B31.1 & B31.3 A Pipe fittings, including couplings, tees, albows, Ys, plugs, unions, pipe caps, or reducers B Flanges: all flanges C Valves: all line valves D Expansion foints, flexible connections, and hose assemblies: all types E Strainers, filters, separators, and steam traps F Measuring devices, including pressure gauges, level gauges, sight glasses, levels, or Certified capacity-rated pressure relief devices acceptable as primary over pressure protection on bollers, pressure vessels, piping and fusible plugs H Pressure retaining components that do not fall into one of the above categories N Nuclear components: Class 1 Class 2 Class 3 TYPE OF CONSTRUCTION ARMSTRONG FORGED WELDED WROUGHT CAST OTHER CODESCRIBE OTHER: LIST OF SUPPORTING DOCUMENTATION AND IDENTIFICATION OF THE ACTUAL ITEMS TO BE REGISTERED: ACV series control valves. See page two for document listing. **DECLARATION:** I __Ionathan Hubbard ______(lea rots 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 temperature ratings, and identification markings are in accordance with the herein named standards. I further declare that the manufacture temperature ratings, and identification markings are in accordance with the intern named staipands. I further declare that 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 declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, , as being suitable for the purpose and I make this solemn Signature of Declarer: Declared before me at USE THIS SP ROBERTA M. RYAN Notary Public, St. Joseph Co., MI O F F My Commission Expires Sept. 13, 2018 Commissioner of Oath's or Notary Public: (sign) This space for Regulatory Authority use This registration must be revalidated after ten (10) years from the date of colorance OC18215.5 CRN: Service FID#: __106 Notes: Engineering and inspec 1. All fittings shall be registered in the name of the Manufacturer.

Registered Ex

UNDER THE AUTHORIZ PUBLIC SAFETY ACT AND

THE BOILER PRESSURE VESSEL AND COMPRESSED UNBRESSOLATION BOOS

2. Each category shall be supported with two Statutory Declaration forms and one copy of supporting documentation.
3. The declaration shall be made by the person having full authority and responsibility for the quality of the end product.

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