

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 International, Incorporated

MANUFACTURERS ADDRESS: 816 Maple Street, Three Rivers, MI 49093 USA

PLANT LOCATIONS: 816 Maple Street, Three Rivers, MI 49093 USA

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 Flanges: all flanges
- C Valves: all line valves
- D Expansion joints, 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 pressure transmitters
- G Certified capacity-rated pressure relief devices acceptable as primary over pressure protection on boilers, 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 (Meeting CNSC or ASME requirements)

TITLE OF THE STANDARD OF CONSTRUCTION
Consistent with ASME
B31.3 2010 Edition

SHOW MANUFACTURERS NAME, TRADEMARK, OR LOGO AS IT WILL



DUCT

TYPE OF CONSTRUCTION

FORGED WELDED WROUGHT
CAST OTHER
DESCRIBE OTHER: Threaded fittings

LIST OF SUPPORTING DOCUMENTATION AND IDENTIFICATION OF THE ACTUAL ITEMS TO BE REGISTERED:

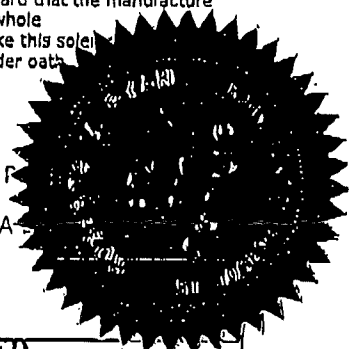
Series 9000 Humidifiers, Series 1000 Humidifiers, and Jacketed Manifolds
See page 2 for details

DECLARATION:

I, _____ (see note 3) employed by _____ 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 _____ as being suitable for the purpose and I make this sole 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: Andy Schil

ROBERTA M. RYAN
Notary Public, St. Joseph Co., IN.
My Commission Expires Sept. 13, 2013



Declared before me at Three Rivers, MI

This 31st day of July AD 2013

Commissioner of Oaths or Notary Public: (sign) Roberta M. Ryan

USE THIS SPACE FOR OFFICIAL USE

This space for Regulatory Authority use
This registration must be revalidated after ten (10) years

CRN: OH9361.5 REV1

FID#: 106

ACCEPTED
PROVINCE OF PRINCE EDWARD ISLAND
ENVIRONMENT, LABOUR & JUSTICE
C.R.N. OH9361.5 Rev1
DATE: 08/15/13
[Signature]
INSPECTION SERVICES SECTION
BOILER/PRESSURE VESSEL BRANCH
Sect. 1.0 - Fittings Rev. 1 06/2003

- Notes:
1. All fittings shall be registered in the name of the Manufacturer.
 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.