


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: Oklahoma Safety Equipment Company, Inc.	
Manufacturers Address: 1701 West Tacoma, Broken Arrow, Oklahoma, 74012, USA	
Plant Locations: SAME AS ABOVE	
<p><u>Category of Fittings to be registered. Circle one Category only</u></p> <p>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 <input checked="" type="radio"/> 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 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> , (Meeting CNSC or ASME requirements)</p>	<p align="center"><u>Title of the Standard of Construction</u></p> <p align="center">- ASME Section VIII-1</p>
<p><u>Show Manufacturers Name, Trademark, or Logo as it will appear on the product</u></p> <div style="text-align: center;">  </div>	
<p><u>Type of Construction</u></p> <p>Forged <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Wrought <input checked="" type="checkbox"/> Cast <input type="checkbox"/> Other <input type="checkbox"/> Describe other:</p>	
<p><u>List of supporting documentation and identification of the actual items to be registered:</u></p> <p>- SAFETY RELIEF DEVICES SCOPE OF CRN, DRAWING, REPORTS</p>	

Declaration:

I MEGAN MILLER, QUALITY ASSURANCE MANAGER (see note 3) employed by Oklahoma Safety Equipment Company, 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 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 ASME UD as being suitable for that 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: Megan Miller
 Declared before me at BROKEN ARROW
 This 17th day of MAY AD 2023
 Commissioner of Oaths Kristine M Hutton
 Or Notary Public: (sign) Kristine M Hutton
 (Affix Official seal to the right)



This space for Regulatory Authority use.	
CRN: <u>0G14740.5 Add6</u> FID#: <u>849</u> 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.	This registration must be revalidated after ten (10) years from the date of acceptance. ACCEPTED PROVINCE OF PRINCE EDWARD ISLAND COMMUNITIES, LAND & ENVIRONMENT C.R.N. <u>0G14740.59A006</u> DATE: <u>Dec 1/23</u>  INSPECTION SERVICES SECTION BOILER/PRESSURE VESSEL BRANCH Sect 1.0 - Fittings Rev.2
11/2016	


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Signature of Declarer: Megan Miller

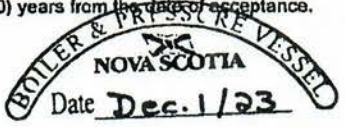

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This 17th day of MAY AD 2023

Commissioner of Oaths
Or Notary Public: (sign) Kristine M Hutton

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CRN: 0G14740.5 Add6

FID#: 849

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Sect 1.0 - Fittings Rev.2

11/2016


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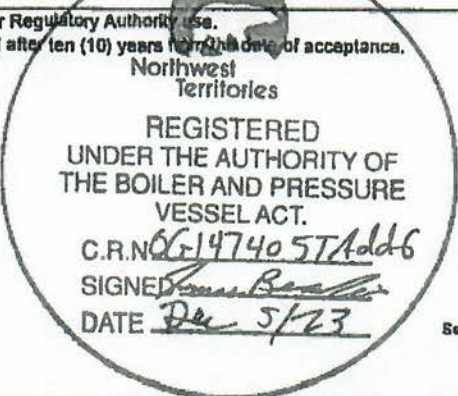
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163.00


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