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Toronto, Ontario
CANADA M9W 6N9
Tel.: 416.734.3300
Fax.: 416.231.1626
Toll Free: 1.877.682.8772
www.tssa.org

December 18, 2017

SCOTT ISLIP
ROUND ENGINEERING INC
10 SEGWUN RD
WATERDOWN ON L8B 0K6
CA

Service Request Type.: BPV-National ACI Central
Service Request No.: 2180098
Your Reference No.: EH-CRN-25
Registered to.: ENDRESS + HAUSER CONDUCTA INC

Dear SCOTT ISLIP,

Please find enclosed the original response from PEI, NS, NB, NFLD, YK, NWT, NU registered under the CRN No.: 0F19699.59870YTN.

As all jurisdictional fees are handled by the Technical Standards and Safety Authority (TSSA), you do not pay any jurisdictions directly.

Should you have any questions or require further assistance, I will be happy to assist you. For general enquiries, please contact a Customer Service Advisor at 1.877.682.TSSA (8772) or e-mail customerservices@tssa.org. When contacting TSSA regarding this file, please refer to the Service Request number provided above.

Yours truly,

Joanna Karpinski

tel. 416-734-3377
fax. 416-231-6183
email. jkarpinski@tssa.org


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: ENDRESS+HAUSER CONDUCTA INC.	
Manufacturers Address: 4123 LA PALMA AVE., ANAHEIM, CA, USA, 92807	
Plant Locations: GERMANY, P.R. CHINA, USA	
<p>Category of Fittings to be registered. Circle one Category only</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 <input checked="" type="radio"/> 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 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> , (Meeting CNSC or ASME requirements)</p>	<p>Title of the Standard of Construction</p> <p>ASME B31.3 ASME B31.1</p>
<p>Show Manufacturers Name, Trademark, or Logo as it will appear on the product</p> <p align="center">Endress + Hauser  People for Process Automation</p>	<p>Type of Construction</p> <p>Forged <input type="checkbox"/> Welded <input type="checkbox"/> Wrought <input type="checkbox"/> Cast <input type="checkbox"/> Other <input type="checkbox"/> Describe other:</p>
<p>List of supporting documentation and identification of the actual items to be registered:</p> <p>- DRAWINGS, CALCULATIONS, REPORTS, SCOPE OF CRN</p>	

Declaration:

I, MIKE YOURSIO, QUALITY MANAGER (see note 3) employed by ENDRESS+HAUSER 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 CSA (ISO 9001:2008) 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: Michael Yoursio
 Declared before me at _____
 This _____ day of _____ AD _____
 Commissioner of Oaths
 Or Notary Public: (sign) _____

Use this space for the Official Seal

See attached acknowledgment

(Affix Official seal to the right)

<p align="center">This space for Regulatory Authority use. This registration must be revalidated after ten (10) years from the date of acceptance.</p>	
<p>CRN: <u>0F19699.5</u></p> <p>FID#: <u>14878</u></p> <p>Notes:</p> <ol style="list-style-type: none"> All Fittings shall be registered in the name of the Manufacturer. Each Category shall be supported with two Statutory Declaration forms and one copy of supporting documentation. The Declaration shall be made by the person having full authority and responsibility for the quality of the end product. Quality Control programs shall be resubmitted for validation. <p>11/2016</p>	<p align="center">ACCEPTED</p> <p align="center">PROVINCE OF PRINCE EDWARD ISLAND COMMUNITIES, LAND & ENVIRONMENT</p> <p>C.R.N. <u>0F19699.59</u> DATE: <u>Nov 10 2017</u></p> <p align="center"><u>Jennifer McCabe</u> INSPECTION SERVICES SECTION BOILER/PRESSURE VESSEL BRANCH</p> <p align="right"><small>Boiler/Fittings Rev.2</small></p>


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<p>Show Manufacturers Name, Trademark, or Logo as it will appear on the product</p> <p style="text-align: center;">Endress+Hauser  People for Process Automation</p>	<p>Type of Construction</p> <p>Forged <input type="checkbox"/> Welded <input type="checkbox"/> Wrought <input type="checkbox"/> Cast <input type="checkbox"/> Other <input type="checkbox"/> Describe other:</p>
<p>List of supporting documentation and identification of the actual items to be registered:</p> <p>- DRAWINGS, CALCULATIONS, REPORTS, SCOPE OF CRN</p>	

Declaration:

I MIKE YOURSKI, QUALITY MANAGER (see note 3) employed by ENDRESS+HAUSER 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 ISO (ISO 9001:2008) 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: Michael Yourski
Declared before me at _____
This _____ day of _____ AD _____
Commissioner of Oaths
Or Notary Public: (sign) _____
(Affix Official seal to the right)

Use this space for the Official Seal

See attached acknowledgment

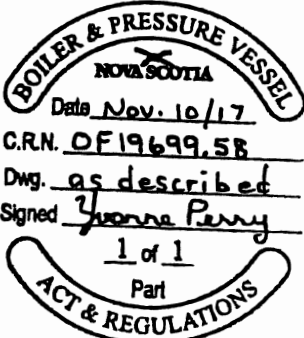
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 This registration must be revalidated after ten (10) years from the date of acceptance.

CRN: OF19699.5
 FID#: 14878

Notes:

- All Fittings shall be registered in the name of the Manufacturer.
- Each Category shall be supported with two Statutory Declaration forms and one copy of supporting documentation.
- The Declaration shall be made by the person having full authority and responsibility for the quality of the end product.
- Quality Control programs shall be resubmitted for validation.

11/2018



BOILER & PRESSURE VESSEL
 NOVA SCOTIA
 Date Nov. 10/17
 C.R.N. OF19699.5B
 Dwg. as described
 Signed Yvonne Perry
1 of 1
 Part
 ACT & REGULATIONS

Sect 1.0 - Fittings Rev.2


UNIFORM STATUTORY DECLARATION FORM FOR THE REGISTRATION OF FITTING DESIGNS

New Brunswick
Nunavut

Nova Scotia
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Prince Edward Island
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<p>Show Manufacturers Name, Trademark, or Logo as it will appear on the product</p> <p align="center">  Endress+Hauser People for Process Automation </p>	
<p>List of supporting documentation and identification of the actual items to be registered:</p> <p>- DRAWINGS, CALCULATIONS, REPORTS, SCOPE OF CRN</p>	


Declaration:

I MIKE YOUROSKI, QUALITY MANAGER (see note 3) employed by ENDRESS+HAUSER 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 SQS (ISO 9001:2008) 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: Michael Youroski
 Declared before me at _____
 This _____ day of _____ AD _____
 Commissioner of Oaths
 Or Notary Public: (sign) _____

Use this space for the Official Seal

See attached acknowledgment

<p>CRN: <u>0F19699.5</u> FID#: <u>14878</u></p> <p>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.</p> <p>11/2016</p>	<p align="center">This space for Regulatory Authority use This registration must be revalidated after ten (10) years from the date of registration.</p> <p align="center">  DEPT OF PUBLIC SAFETY BOILER & PRESSURE VESSEL ACT REGISTRATION ONLY CRN <u>0F19699.57</u> EXAMINER: <u>[Signature]</u> for CHIEF BOILER INSPECTOR DATE: <u>11/10/2017</u> </p>
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BLRs PVs
 FITTINGS COMPONENTS


UNIFORM STATUTORY DECLARATION FORM FOR THE REGISTRATION OF FITTING DESIGNS

New Brunswick
Nunavut

Nova Scotia
Yukon

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Newfoundland and Labrador

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<p align="center">Show Manufacturers Name, Trademark, or Logo as it will appear on the product</p> <p align="center">Endress + Hauser  People for Process Automation</p>	<p align="center">Type of Construction</p> <p>Forged <input type="checkbox"/> Welded <input type="checkbox"/> Wrought <input type="checkbox"/> Cast <input type="checkbox"/> Other <input type="checkbox"/> Describe other:</p>
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Declaration:

I NIKE YOURISKI, QUALITY MANAGER (see note 3) employed by ENDRESS+HAUSER 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 SCS (ISO 9001:2008) 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: Michael Youriski
 Declared before me at _____
 This _____ day of _____ AD _____
 Commissioner of Oaths _____
 Or Notary Public: (sign) _____

Use this space for the Official Seal

See attached acknowledgment

(Affix Official seal to the right)

<p align="center">This space for Regulatory Authority use.</p> <p align="center">This registration must be revalidated after ten (10) years from the date of acceptance.</p>	
CRN: <u>0F19699.5</u>	Newfoundland Labrador Service NL
FID#: <u>14878</u>	Registered <u>0F19699.50</u> Date <u>17/11/10</u> Engineering and Inspection Services Registered by <u>[Signature]</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.	UNDER THE AUTHORITY OF THE PUBLIC SAFETY ACT THE BOILER, PRESSURE VESSEL AND COMPRESSED GAS REGULATIONS
11/2018	

UNIFORM STATUTORY DECLARATION FORM FOR THE REGISTRATION OF FITTING DESIGNS

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<p>Type of Construction</p> <p>Forged <input type="checkbox"/> Welded <input type="checkbox"/> Wrought <input type="checkbox"/> Cast <input type="checkbox"/> Other <input type="checkbox"/> Describe other:</p>	
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Signature of Declarer: Michael Yourski

Declared before me at _____

This _____ day of _____ AD _____

Commissioner of Oaths _____

Or Notary Public: (sign) _____

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See attached acknowledgment

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11/2016	
	Sect 1.0 - Fittings Rev.2


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Signature of Declarer: Michael Yourski
 Declared before me at _____
 This _____ day of _____ AD _____
 Commissioners of Oaths _____
 Or Notary Public: (sign) _____

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<p>CRN: <u>0F19699.5</u></p> <p>FID#: <u>14878</u></p> <p>Notes:</p> <ol style="list-style-type: none"> All Fittings shall be registered in the name of the Manufacturer. Each Category shall be supported with two Statutory Declaration forms and one copy of supporting documentation. The Declaration shall be made by the person having full authority and responsibility for the quality of the end product. Quality Control programs shall be resubmitted for validation. <p>11/2016</p>	<p align="center">This space for Regulatory Authority use. This registration must be revalidated after ten (10) years from the date of acceptance.</p> <p align="center">Northwest Territories REGISTERED UNDER THE AUTHORITY OF THE BOILER AND PRESSURE VESSEL ACT. C.R.N. <u>0F19699.5</u> SIGNED <u>[Signature]</u> DATE <u>Nov 14 2017</u></p> <p align="right">9200 Sect 1.9 - Fittings Rev.2</p>
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UNIFORM STATUTORY DECLARATION FORM FOR THE REGISTRATION OF FITTING DESIGNS

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Signature of Declarer: *Michael Yourski*
 Declared before me at _____
 This _____ Day of _____ AD _____
 Commissioner of Oaths _____
 Or Notary Public: (sign) _____

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See attached acknowledgment

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