


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: SEE ATTACHED WORLDWIDE LOCATIONS APPENDIX	
Plant Locations: SEE ATTACHED WORLDWIDE LOCATIONS APPENDIX	
<p align="center">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 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 align="center">Title of the Standard of Construction</p> <p>ASME B31.3 ASME B31.1</p>
<p align="center">Show Manufacturers Name, Trademark, or Logo as it will appear on the product:</p> <p align="center">Endress + Hauser </p>	<p align="center">Type of Construction</p> <p>Forged <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Wrought <input type="checkbox"/> Cast <input type="checkbox"/> Other <input type="checkbox"/> Describe other: Plastic</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 **LEONARD AMBROSINI, GENERAL 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 **ACS (ISO 9001)** 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: _____
 Declared before me at _____
 This _____ day of _____ AD _____
 Commissioner of Oaths
 Or Notary Public: (sign) _____

See attached acknowledgment
 Use this space for the Official Seal

(Affix Official seal to the right)

<p>CRN: 0F22800.5</p> <p>FID#: 14878</p> <p>Magnosens CLS82D/CLS82E Hygienic conductivity sensors. Purpose is to renew CRN 0F18550.5C</p> <p>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>along with other corrections and additions. 11/2018</p> <p>CRN expires Nov.4th, 2030 - DG</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">ACCEPTED</p> <p align="center">PROVINCE OF PRINCE EDWARD ISLAND COMMUNITIES, LAND & ENVIRONMENT</p> <p>C.R.N. 0F22800.59 DATE: Dec 14/20</p> <p align="center">INSPECTION SERVICES SECTION BOILER/PRESSURE VESSEL BRANCH</p> <p align="right">Reg 1.0 - Fittings Rev.2</p>
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Declared before me at _____

This _____ day of _____ AD _____

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<p>CRN: <u>OF22800.5</u></p> <p>FID#: <u>14878</u></p> <p>Memosens CLS82D/CLS82E Hygienic conductivity sensors. Purpose is to renew CRN OF18550.5C</p> <p>1. All Fittings shall be registered in the name of the Manufacturer.</p> <p>2. Each Category shall be supported with two Statutory Declaration forms and one copy of supporting documentation.</p> <p>3. The Declaration shall be made by the person having full authority and responsibility for the quality of the end product.</p> <p>4. Quality Control programs shall be resubmitted for validation along with other corrections and additions.</p> <p align="center">11/2016</p> <p>CRN expires Nov.4th, 2030 - DG</p>	<p>Date <u>Dec. 11/20</u></p> <p>C.R.N. <u>OF22800.5B</u></p> <p>Dwg. <u>as described</u></p> <p>Signed <u>Yvonne Perry</u></p> <p align="center"><u>1 of 1</u> Part</p> <p align="right">Sect 1.0 - Fittings Rev.2</p>

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- BLRs PVs
 FITTINGS NUCLEAR COMPONENTS


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