


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: <u>ARI-ARMATUREN</u>	
Manufacturers Address: <u>GERMANY, DENMARK, AUSTRIA, USA</u>	
Plant Locations: <u>SAME AS ABOVE</u>	
<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 <input checked="" type="radio"/> 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>- MSS SP-67 - ASME B31.3</p>
<p align="center">Show Manufacturers Name, Trademark, or Logo as it will appear on the product</p> <p align="center"></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>
<p>List of supporting documentation and identification of the actual items to be registered:</p> <p>- BUTTERFLY VALVES SCOPE OF CRN, CATALOG, REPORTS</p>	

Declaration:

I KEEFE FRENZ, QUALITY MANAGER (see note 3) employed by ARI-ARMATUREN 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 9001:2015 BY TUV 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: [Signature]

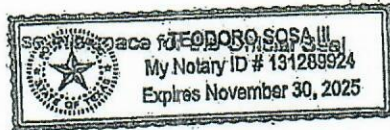
Declared before me at Weslaco, Texas

This 29th day of February AD 2024

Commissioner of Oaths

Or Notary Public: (sign) [Signature]

(Affix Official seal to the right)



This space for Regulatory Authority use.

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

CRN: OC25216.5

FID#: 15830

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.

ACCEPTED
PROVINCE OF PRINCE EDWARD ISLAND
COMMUNITIES, LAND & ENVIRONMENT
 C.R.N. OC25216.59
 DATE: JUL 5/24
[Signature]
INSPECTION SERVICES SECTION
BOILER/PRESSURE VESSEL BRANCH

Form 1.0 - Fittings Rev.2

11/2016


UNIFORM STATUTORY DECLARATION FORM FOR THE REGISTRATION OF FITTING DESIGNS

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Prince Edward Island
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Manufacturers Name: ARI-ARMATUREN	
Manufacturers Address: GERMANY, DENMARK, AUSTRIA, USA	
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<p>Show Manufacturers Name, Trademark, or Logo as it will appear on the product</p> <p align="center"></p>	<p align="center">Type of Construction</p> <p>Forged <input type="checkbox"/> Welded <input type="checkbox"/> Wrought <input type="checkbox"/> Cast <input checked="" 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>- BUTTERFLY VALVES SCOPE OF CRN, CATALOG, REPORTS</p>	

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Signature of Declarer: [Signature]

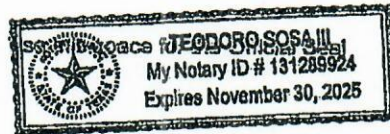
Declared before me at Wichita, Texas

This 29th day of February AD 2024

Commissioner of Oaths

Or Notary Public: (sign) [Signature]


(Affix Official seal to the right)



<p>CRN: <u>0C25216.5</u></p> <p>FID#: <u>15830</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>11/2018</p>	<p align="center">This space for Regulatory Authority use & This registration must be revalidated after ten (10) years from the date of issuance.</p> <p align="center">NOVA SCOTIA</p> <p align="center">Date <u>July 5/24</u></p> <p align="center">C.R.N. <u>0C25216.58</u></p> <p align="center">Dwg. <u>as described</u></p> <p align="center">Signed <u>[Signature]</u></p> <p align="center"><u>1 of 1</u> Part</p> <p align="center">Sect 1.0 - Fittings Rev.2</p>
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UNIFORM STATUTORY DECLARATION FORM FOR THE REGISTRATION OF FITTING DESIGNS

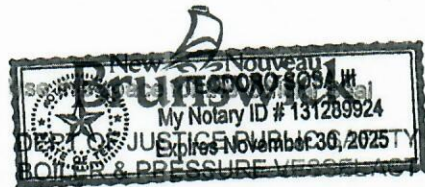
New Brunswick Nova Scotia Prince Edward Island Newfoundland and Labrador
 Nunavut Yukon Northwest Territories

Manufacturers Name: ARI-ARMATUREN	
Manufacturers Address: GERMANY, DENMARK, AUSTRIA, USA	
Plant Locations: SAME AS ABOVE	
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<p>List of supporting documentation and identification of the actual items to be registered:</p> <p>- BUTTERFLY VALVES SCOPE OF CRN, CATALOG, REPORTS</p>	

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Signature of Declarer: [Signature]
 Declared before me at Webster Texas
 This 29th day of February AD 2024
 Commissioner of Oaths
 Or Notary Public: (sign) [Signature]
 (Affix Official seal to the right)



<p>CRN: <u>0C25216.5</u></p> <p>FID#: <u>15830</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. REGISTRATION ONLY</p> <p>This registration must be revalidated after ten (10) years from the date of acceptance</p> <p>CRN <u>0C25216.57</u></p> <p><u>[Signature]</u> CHIEF BOILER INSPECTOR DATE <u>7/5/24</u></p> <p><input type="checkbox"/> BLRs <input type="checkbox"/> PVs <input checked="" type="checkbox"/> FITTINGS <input type="checkbox"/> NUCLEAR COMPONENTS</p> <p align="right">Sect 1.0 - Fittings Rev.2</p>
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UNIFORM STATUTORY DECLARATION FORM FOR THE REGISTRATION OF FITTING DESIGNS

New Brunswick
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Newfoundland and Labrador

Manufacturers Name: ARI-ARMATUREN	
Manufacturers Address: GERMANY, DENMARK, AUSTRIA, USA	
Plant Locations: SAME AS ABOVE	
<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 <input checked="" type="radio"/> 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</p> <p>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>- MSS SP-67 - ASME B31.3</p>
<p>Show Manufacturers Name, Trademark, or Logo as it will appear on the product</p> <p align="center">BELIMO</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>	
<p>List of supporting documentation and identification of the actual items to be registered:</p> <p>- BUTTERFLY VALVES SCOPE OF CRN, CATALOG, REPORTS</p>	

Declaration:

I, KEEFE FRENZ, QUALITY MANAGER (see note 3) employed by ARI-ARMATUREN 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 9001:2015 BY TÜV 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: [Signature]

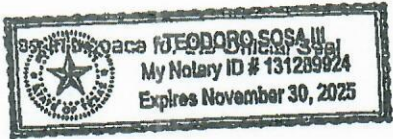
Declared before me at Wichita Falls, Texas

This 29th day of February AD 2024

Commissioner of Oaths

Or Notary Public: (sign) [Signature]

(Affix Official seal to the right)



<p>CRN: <u>0C25216.5</u></p> <p>FID#: <u>15830</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</p> <p align="center">This registration must be revalidated after ten (10) years from the date of acceptance.</p> <p align="center">Newfoundland and Labrador</p> <p>Registered <u>0C25216.50</u> Date <u>July 9, 2024</u> Engineering and Inspection Services Registered by <u>[Signature]</u></p> <p align="center">UNDER THE AUTHORITY OF THE PUBLIC SAFETY ACT AND THE BOILER, PRESSURE VESSEL AND COMPRESSED GAS REGULATIONS</p> <p align="right">Sect 1.0 - Fittings Rev.2</p>
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<p>Show Manufacturers Name, Trademark, or Logo as it will appear on the product</p> <div align="center" style="font-size: 2em; font-weight: bold; margin: 10px 0;">  </div>	
<p align="center">Type of Construction</p> <p>Forged <input type="checkbox"/> Welded <input type="checkbox"/> Wrought <input type="checkbox"/></p> <p>Cast <input checked="" type="checkbox"/> Other <input type="checkbox"/></p> <p>Describe other:</p>	
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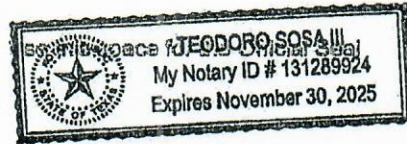
Declared before me at Wichita, Texas

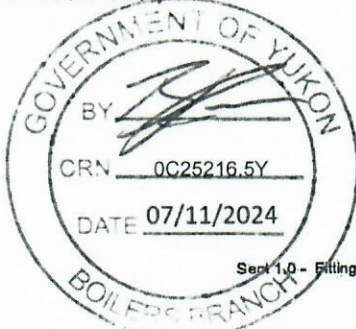
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Commissioner of Oaths

Or Notary Public: (sign) [Signature]


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Signature of Declarer: [Signature]

Declared before me at Wichita, Texas

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Commissioner of Oaths

Or Notary Public: (sign) [Signature]

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CRN: 0C25216.5

FID#: 15830

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Registered
 UNDER THE AUTHORITY OF
 THE BOILER AND PRESSURE
 VESSEL ACT.
 C.R.N. 0C25216.5
 SIGNED [Signature]
 DATE July 3 2024

163.00

11/2018


UNIFORM STATUTORY DECLARATION FORM FOR THE REGISTRATION OF FITTING DESIGNS

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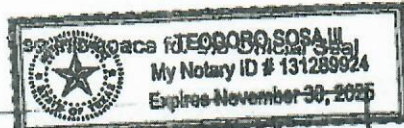
Declared before me at Wichita, Texas

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Commissioner of Oaths

Or Notary Public: (sign) [Signature]

(Affix Official seal to the right)



<p>CRN: <u>OC25216.5</u></p> <p>FID#: <u>15830</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">NUNAVUT Boilers and Pressure Vessels Act</p> <p align="center">REGISTERED</p> <p>CRN <u>OC25216.5N</u> Date <u>02/29/2024</u> Signed <u>[Signature]</u> Chief Inspector</p> <p align="right">Sect 1.0 - Fittings Rev.2</p> <p align="center">Territorial Registration Fee</p>
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