

December 18, 2025

**Attention:** Scott Islip  
ROUND ENGINEERING INC  
10 SEGWUN ROAD  
WATERDOWN, ON L8B 0K6

The design submission, Tracking Number 2025-05916, Web Portal Number 2025-S4760, originally received on September 10, 2025 was surveyed and accepted for registration as follows:

**CRN :** 0H25832.2 **Accepted on:** December 18, 2025  
**Reg Type:** NEW DESIGN **Expiry Date:** December 18, 2035  
**Document No.** 1005011A.316 Rev B As Noted  
**Fitting type:** MINI TUBE COIL

Design registered in the name of : CRYOGENIC EXPERTS INC.

Description	MAWP	Design Temperature	MDMT
Internal Pressure	20684 kPa	38 °C	0 °C

**The registration is conditional on your compliance with the following notes:**

- As indicated on the AB-41 Statutory Declaration form and submitted documentation, the code of construction is ASME B31.3.
- It is our understanding that the fitting(s), included as the scope of this submission, that is(are) subject to the Safety Codes Act shall comply with the requirements of the indicated Standard or Code of Construction on the AB-41 Statutory Declaration as supported by the attached data which identifies the dimensions, materials of construction, press./temp. ratings and the basis for such ratings, and the identification marking of the fittings.
- This registration is valid only for fittings fabricated at the location(s) covered by the QC certificate attached to the accepted AB-41 Statutory Declaration form.
- This registration is valid only until the indicated expiry date and only if the Manufacturer maintains a valid quality management system approved by an acceptable third-party agency, and maintains a valid Certification of Authorization Permit if required by the jurisdiction where manufacturing takes place, until that date.
- Should the approval of the quality management system lapse before the expiry date indicated above, this registration shall become void.

An invoice covering survey and registration fees will be forwarded from our Revenue Accounts.

If you have any questions don't hesitate to contact me by phone at (587) 686-9381 or fax (780) 437-7787 or e-mail [Newton@absa.ca](mailto:Newton@absa.ca).

Sincerely,



NEWTON, STEPHAN, E.I.T.  
DOP Cert. No. D00011044

**STATUTORY DECLARATION**  
**Registration of Fittings**  
Single or Multiple Fitting Designs within one Fitting Category

I, Joseph Jung, Engineering Supervisor  
(name of applicant) (position title) (must be in a position of authority)  
of Acme Cryogenics dba Cryogenic Experts  
(name of manufacturer)  
located at 531 Sandy Circle, Oxnard, CA. 93036  
(plant address)

In this space, show facsimile of manufacturer's logo or trademark as it will appear on the fitting.



do solemnly declare that the fittings listed hereunder, which are subject to the Safety Codes Act (select only one)

- ☒ comply with the requirements of ASME B31.3 which specifies the dimensions, (title of recognized North American Standard)  
materials of construction, pressure/temperature ratings and identification marking of the fittings, or
- ☐ are not covered by the provisions of a recognized North American standard and are therefore manufactured to comply with \_\_\_\_\_ as supported by the (title of code of construction or other applicable document)  
attached data which identifies the dimensions, materials of construction, pressure/temperature ratings and the basis for such ratings, and the identification marking of the fittings.

I further declare that the manufacture of these fittings is controlled by a quality control program which has been verified as described in the below Table as being suitable for the manufacturing of these fittings to the stated standard, regulation, code, guideline or other applicable document. The fittings covered by the declaration for which I seek registration are as provided in the Supplementary Sheet(s) attached.

**Quality Program Verification and Manufacturing Sites**

A copy of the Quality Certificate from each manufacturing site must be included

Item #	Product Description, Model or Series	Quality Program	Scope of Certification	Expiry Date	Verifying Organization	Location(s) Plant Name and address
1.	MINI TUBE COIL ASSEMBLY	ASME, B31.3	PRESSURE VESSELS	01/12/ 2026	HARTFORD STEAM BOILER-CT	OXNARD, CALIFORNIA
2.						

In support of this application, the following information, calculations and/or test data are attached:

DRAWINGS, CALCULATIONS, SCOPE OF CRN

*[Signature]*

(Signature of the Declarer)

11-13-25

(Date)

DECLARED before me at \_\_\_\_\_ in the \_\_\_\_\_ of \_\_\_\_\_  
(city) (province, territory, or state)

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)

(print) \_\_\_\_\_  
(a Commissioner of Oaths or Notary Public)

(sign) \_\_\_\_\_  
(a Commissioner of Oaths or Notary Public)

\_\_\_\_\_  
(expiry date (mm/dd/yy))

Commissioner of Oaths / Notary Public in and for: \_\_\_\_\_  
(province, territory, or state)

**For ABSA Office Use Only:**

NOTES: \_\_\_\_\_

To the best of my knowledge and belief, the application meets the requirements of the Safety Codes Act and CSA Standard B51, Part 1, Clause 4.2, and is accepted for registration in Category **H**.

CRN: **0H25832.2**

Registered Date: **December 18, 2025**

Expiry Date: **December 18, 2035**

Signature: \_\_\_\_\_  
(Signature of the Administrator/SCO)

The information you provide is necessary only for the administration of the programs as required by the Alberta Safety Codes Act and Regulations in the Pressure Equipment Discipline

2025-05916

**ABSA**

SAFETY CODES ACT - PROVINCE OF ALBERTA

**ACCEPTED: 0H25832.2**

**See acceptance letter for conditions of registration.**

Date: 2025-12-18

By: *[Signature]*

STEPHAN NEWTON, E.I.T.  
DOP: D00011044

This stamp and signature have been affixed electronically to this registered design as required by Section 20(1) of the Pressure Equipment Safety Regulation, in accordance with the Electronic Transactions Act.

**Table 1\*\* Scope of Fitting Designs**

Item #	Primary Pressure Bearing / Retaining Component	Material of Construction	Port Connections and Size Range	MDMT	Rated Pressure		Pressure Class(es) / Schedule(s)	Design Code(s) of Construction	Reference Catalogue (pages) or Drawing(s)
					At Ambient Temperature	At Maximum Temperature			

**Table 2 Additional Scope Information**

List/Attach Additional Detail and References (Product Configurations, Options, Illustrations, etc.)
Example: Series X Options

\*\* For additional alternatives of Table 1, refer to Form AB-41a, Guide for Completing Form AB-41

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

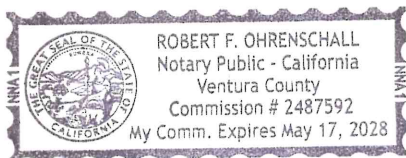
State of California }

County of VENTURA

On 11/13/2025 before me, ROBERT F. OHRENSCHALL  
Date Here Insert Name and Title of the Officer

personally appeared JOSEPH H. LUNG  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Place Notary Seal and/or Stamp Above

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

*[Handwritten Signature]*

Signature of Notary Public

**OPTIONAL**

*Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

☐ Corporate Officer – Title(s): \_\_\_\_\_

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian of Conservator

☐ Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

☐ Corporate Officer – Title(s): \_\_\_\_\_

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian of Conservator

☐ Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

# CRYOGENIC EXPERTS, LLC

531 SANDY CIRCLE,  
OXNARD, CALIFORNIA  
93036, USA



16-Dec-25

PAGE 1 OF 1

## SCOPE OF CRN REGISTRATION

Product Description	Main Drawing	Design Code	Inlet/Outlet	Material Specifications	MAWP at MAWT	MDMT	Design Report
Electric Trim Heater Mini Tube Coil Assembly	1005011A.316 Rev. B	ASME B31.3, 2024	1" MNPT	Stainless Steel ASTM A213 TP316/316L ASTM A479-316/316L	3000 psig at 100°F	0°F	R-2263 Rev. 0

**Note 1:** MAWP = Maximum Allowable Working Pressure, MAWT = Maximum Allowable Working Temperature, MDMT = Minimum Design Metal Temperature.

**Note 2:** For low temperature operation the products shall conform to the rules of the applicable codes under which they are used.

2025-05916

**ABSA**

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**ACCEPTED: 0H25832.2**

**See acceptance letter for  
conditions of registration.**

Date: 2025-12-18

By:

*N. Stephan*

STEPHAN NEWTON, E.I.T.  
DOP: D00011044

This stamp and signature have been affixed electronically to this registered design as required by Section 20(1) of the Pressure Equipment Safety Regulation, in accordance with the Electronic Transactions Act.