

July 22, 2024

**Attention:** Cecylia Garbacz  
TECHNICAL STANDARDS & SAFETY AUTHORITY  
345 CARLINGVIEW DRIVE  
TORONTO, ON M9W 6N9

The design submission, Tracking Number 2024-04077, Web Portal Number 2024-S2888, originally received on July 09, 2024 was surveyed and accepted for registration as follows:

**CRN :** 0H16809.52 **Accepted on:** July 22, 2024  
**Reg Type:** RENEWAL **Expiry Date:** May 23, 2034  
**Drawing No. :** DESIGN REPORT R-2009,R.0; EH-CRN-3, R.0, CRN renewal  
**Fitting type:** Universal Compact Assembly  
Design registered in the name of : ENDRESS + HAUSER CONDUCTA INC

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

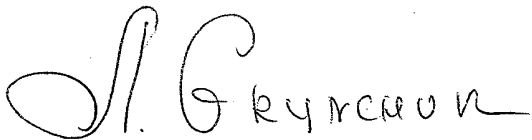
*As indicated on AB-41 Statutory Declaration or AB-351 Declaration of Conformity form and submitted documentation, the code of construction is ASME B31.3.*

- 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 or AB-351 Declaration of Conformity 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 or AB-351 Declaration of Conformity 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 question don't hesitate to contact me by phone at (780) 433-0281 ext 3330 or fax (780) 437-7787 or e-mail Grynchuk@absa.ca.

Sincerely,



GRYNCHUK, MILLA, P. Eng.  
DOP Cert. No. D00005217

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

I, LEONARD AMBROSINI, GENERAL MANAGER  
(name of applicant) (position title) (must be in a position of authority)  
of ENDRESS+HAUSER CONDUCTA, INC.  
(name of manufacturer)  
located at SEE ATTACHED WORLDWIDE LOCATIONS APPENDIX  
(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 B31.1, 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.	Universal Compact Assembly	ISO 9001:2015	Research, Development, Manufacturing and Sales	March 31, 2026	SQS	See Attached Worldwide Locations Appendix
2.						

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

SCOPE OF CRN, DRAWINGS, CALCULATIONS, REPORTS

[Signature]  
(Signature of the Declarer)

12-19-23  
(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: See attached acknowledgment  
(province, territory, or state)

**For ABSA Office Use Only:**

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

<p>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 _____</p> <p>CRN: _____</p> <p>Registered Date: _____</p> <p>Expiry Date: _____</p> <p>Signature: _____ (Signature of the Administrator/SCO)</p> <p>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</p>	<div style="border: 2px solid red; padding: 5px;"> <p>2024-04077</p> <p style="text-align: center;"><b>ABSA</b></p> <p style="text-align: center;">SAFETY CODES ACT - PROVINCE OF ALBERTA</p> <p style="text-align: center;"><b>ACCEPTED: CH16809.52</b></p> <p style="text-align: center;"><b>See acceptance letter for conditions of registration.</b></p> <p>Date: 2024-07-22 By: <u>[Signature]</u> MILLA GRYNCHUK, P. Eng. DOP: D0005217</p> <p><small>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</small></p> </div>
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Tracking #: \_\_\_\_\_

# CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 Orange }

On 12/19/2023 before me, Laurel Boles,  
(Here insert name and title of the officer)

personally appeared Leonard Ambrosini,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose  
name(s) (s) 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.

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.



*Laurel Boles*  
\_\_\_\_\_  
Notary Public Signature

(Notary Public Seal)

## ADDITIONAL OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

TSSA Declaration Registration

(Title or description of attached document)

of Fittings

(Title or description of attached document continued)

Number of Pages 1 Document Date 12/19/2023

### CAPACITY CLAIMED BY THE SIGNER

- Individual (s)  
 Corporate Officer

\_\_\_\_\_  
(Title)

- Partner(s)  
 Attorney-in-Fact  
 Trustee(s)  
 Other \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THIS FORM

*This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he~~/she/~~they~~ - is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.



**SCOPE OF CRN REGISTRATION**

Description	EH TI Document	Design Standard	Process Connections
Ecofit CPA640 Universal Compact Assembly	TI00421C/07/EN/17.23-00	ASME B31.3, ASME B31.1	CPA-640-A/B*** 1/2" NPT process connection CPA-640-C/D*** 3/4" NPT process connection CPA-640-E*** 1" NPT process connection CPA-640-G/I*** M25 x 1.5 process connection Other: PG13.5 Thread

Materials of Construction (Note 3)	MAWP at 73°F (Note 1)	MAWP at 200°F (Note 1)	MDMT (Note 1,2)	Design Report
ASTM D3222 PVDF (Polyvinylidene Fluoride) 2020	145 psig at 73°F	115 psig at 200°F	73°F	R-2009 Rev. 0

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

**Note 2)** Products that are to operate at low temperatures shall conform to the rules of the applicable codes under which they are used.

**Note 3)** In accordance with ASME B31.1 para. 123.1.2(D) when this product is manufactured from a ASME B31.1 unlisted material and used under the ASME B31.1 code the facility owner must accept the use of the unlisted material.

**Note 4)** See Attached List of Endress+Hauser Manufacturing locations applicable to this CRN.

**WORLDWIDE LOCATIONS APPENDIX – PAGE 1 OF 1**

**ENDRESS+HAUSER CONDUCTA GMBH & CO. KG LOCATIONS  
& CERTIFYING AUTHORITIES**

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(rev. June 17, 2020)

**Endress+Hauser Conducta GmbH & Co. KG**

Dieselstrasse 24 / Postfach 100 154

70839 Gerlingen

Germany

**ISO 9001 Certified by SQS**

**Endress+Hauser Conducta GmbH & Co. KG**

Siemensstraße 2

64823 Groß-Umstadt

Germany

**ISO 9001 Certified by SQS**

**Endress+Hauser Conducta Waldheim**

Gewerbegebiet Richzenhain

Landsberger Straße 28

04736 Waldheim

Germany

**ISO 9001 Certified by SQS**

**Endress+Hauser Conducta, Inc.**

4123 East La Palma Ave, Suite 200

Anaheim, CA 92807

United States of America

**ISO 9001 Certified by SQS**

**Endress+Hauser Analytical Instruments**

**(Suzhou) Co., Ltd.**

No. 31 JiangTianLiLu

Suzhou Industrial Park 215126

People's Republic of China

**ISO 9001 Certified by SQS**