


UNIFORM STATUTORY DECLARATION FORM FOR THE REGISTRATION OF FITTING DESIGNS

NEW BRUNSWICK
NUNAVUT

NOVA SCOTIA
YUKON

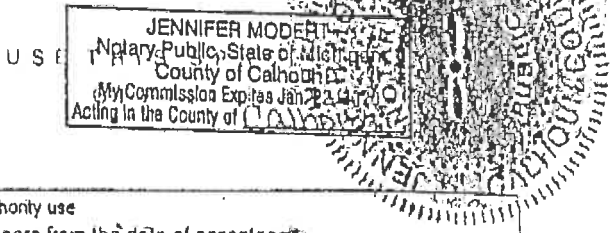
PRINCE EDWARD ISLAND
NORTHWEST TERRITORIES

NEWFOUNDLAND AND LABRADOR

MANUFACTURERS NAME. Marshall Excelsior Company	
MANUFACTURERS ADDRESS. 1506 George Brown Drive, Marshall, MI, 49068	
PLANT LOCATIONS:	
<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 2014 Ed.</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 checked="" type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE OTHER:</p>
<p align="center">LIST OF SUPPORTING DOCUMENTATION AND IDENTIFICATION OF THE ACTUAL ITEMS TO BE REGISTERED:</p> <p>See Scope of Registration 10185s-0, Calculations, burst test reports, QC certificate</p> <p>Valves</p>	

DECLARATION:
 I FRANCO DOMINGO (see note 3) employed by Marshall Excelsior 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 and 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 TRC 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 CALHOUN COUNTY
 This 27 day of July AD 2016
 Commissioner of Oaths or Notary Public (sign) Jennifer Modert



This space for Regulatory Authority use

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

CRN: 0C18709.5
 FID#: 2089

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 at a maximum interval of five (5) years.

Newfoundland
 Labrador
 Service NL
 Registered 0C18709.50
 Date 16/09/16
 Engineering and Inspection Services
 Registered by [Signature]
 UNDER THE AUTHORITY OF THE
 PUBLIC SAFETY ACT AND
 THE ORDER RESPECTING THE
 COMPRESSED GAS REGULATIONS