UNIFORM STATUTORY DECLARATION FORM FOR THE REGISTRATION OF FITTING DESIGNS

NEW BRUNSWICK NUNAVUT	NOVA SCOTIA YUKON	PRINCE EDWARD ISLAI NORTHWEST TERRITO	DISTRATION OF FITTING DESIGNS ND NEWFOUNDLAND AND LABRADOR RIES
MANUFACTURERS NAME	The Clark-Rellance Corpora	. 1	
MUNDEACTORERS ADDE	(ESS: 16633 Folly Darkway	Strongguille Olt 44440 Lie	
PLANT LOCATIONS: Sam	B	Odorigaville, OH 44149 US	SA .
CATEGORY OF	FITTINGS TO BE REGISTERE	D. CIRCLE ONE CATEGORY	N. I. I.
B Flanges: all flances	ouplings, tees, elbows, Ys, plug	s, unions, pipe caps, or reducers	<u> </u>
C Valves: all line valves D Expansion loints, flexible	connections, and hose assemi	blies; all types	ASME 16.5, B31.1, B31.3 B16.24
.F Measuring devices, Incl.	iding pressure gauges, level gat	uges, sight glasses, levels, or	
H Pressure retaining comp	pressure relief devices acceptate, piping and fusible plugs onents that do not fall into one of	al the above	
	lass 1 ☐ Class 2 ☐ Class 3 ☐ NAME, TRADEMARK, OR LO	1 /4/	ulrements)
**		GO AS IT WILL APPEAR ON T	
JACOBY: or JRG/JT or	DEANK-MELIANDE OF		FORGED WELDED WROUGHT CAST OTHER DESCRIBE OTHER:
•		ERHST FLOW INDUSTRICS	
LIST OF SUPPORTING DO	DCUMENTATION AND IDENTI	FIGATION OF THE ACTUAL SE	
ISO9001:2008 Ce	rtificato	THE TOTAL THE	INIS TO BE REGISTERED:
CSA-B51-09 Certi	funcate		
Continued Social	idex of Attachments		
oonanded, See II	idex of Attachments		
			•
DECLARATION:			
nanufacture of these fittings, and representations in part and has been very	the product for which regists dentification markings are in gs is regulated by a Quality	ration is sought. The dimens accordance with the herein Control Program which exter	and being the person having full authority attention contained in this form is true and to the best ions, materials of construction, pressure named standards. I further declare that the hots to each plant where fabrication occurs in who suitable for that purpose and him.
COGNITION CONSCIBILITIONS!	y believing it to be true, and	knowing that it is of the sam	nds to each plant where fabrication occurs in who suitable for that purpose and I make this solemn a force and effect as if made under oath.
Signature of Declarer: 🎿	Su-/4 /1/	and the second second	
Declared before me at _	Chark-Relia	ince us	E THIS SPACE FOR THE
	December AD	<u> 2014 </u>	OFFICIAL SEAL
Commissioner of Oaths or Notary Public; (sign)(Christini	McCond	CHRISTINE McCOMBS OTARY PUBLIC, LORAIN COUNTY, CHIC MY COMMISSION EXPIRES 9 JULY 2015
	(Affix Official seal to the rig	ht)	MY COMMISSION EXPIRES 9 JULY 2015
Т	This his registration must be reve	Share for Begulators Authority	rom the data of gazantee
CRN: 0H17409	.5	(12) j sui s j	MENTOR
FID#: 522	***************************************		S BY 2
Notes:			(6) BY
1. All fittings shall be regist	ered in the name of the Manufa	a.l.,	(CRN 0H17404.5)
" Laci category shall be s	UDDAMAN with two Cintulars Da.	Clurer, Claration	
TOTAL BUILD ONG CODY OF SUDD	Offina documentation		\\\DATE \(\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac}\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac}\frac{\frac{\frac}\frac{\frac{\frac}\frac{\frac{\frac}\frac{\frac{\frac{\frac}\frac{\frac{\frac}\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac}\frac{\frac}\frac{\frac{\frac{\frac}\frac{\frac}\frac{\frac{\frac{\frac}\frac{\frac{\frac}\frac{\frac}\frac{\frac{\frac{\frac}\frac{\
3. The declaration shall be responsibility for the quality	made by the nerson baying full	authority and	///
 Quality control programs 	shall be resulted for volldat	ion	
at a maximum interval of fly	e (5) years.	IOH	BOILERS BRANCS