


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: SHARPE VALVES-SMITH-COOPER INTL. LLC.	
MANUFACTURERS ADDRESS: 2701 BUSSE ROAD ELK GROVE VILLAGE, IL. 60007	
PLANT LOCATIONS: " " " " " " " "	
<p>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 AECB or ASME requirements)</p>	<p>TITLE OF THE STANDARD OF CONSTRUCTION</p> <p>ASME B16.34 BS 6364</p>
<p>SHOW MANUFACTURER'S NAME, TRADEMARK, OR LOGO AS IT WILL APPEAR ON THE PRODUCT</p> <p align="center">  A Smith-Cooper International, LLC Company </p>	<p>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>CATALOG / DRAWINGS, WALL THICKNESS, PRESSURE-TEMPERATURE RATINGS FOR SHARPE SERIES C80, C89, C70 and C74 ISO 9001:2008 CERTIFICATE.</p>	

DECLARATION:

I, VICALIO FORTO (see note 3) employed by SHARPE VALVES-SMITH-COOPER INTL 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 ISO 9001-2008 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 CHASE BANK

This 30th day of December AD 2015

Commissioner of Oaths

or Notary Public: (sign) [Signature]

(Affix Official seal to the right)

USE THIS SPACE FOR THE OFFICIAL SEAL OF THE NOTARY PUBLIC - STATE OF ILLINOIS
 My Commission Expires Apr 23, 2016

This space for Regulatory Authority use
 This registration must be revalidated after ten (10) years from the date of acceptance.

CRN: OC18220.5

FID#: 2745

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.

ACCEPTED
PROVINCE OF PRINCE EDWARD ISLAND
COMMUNITIES, LAND & ENVIRONMENT
 C.R.N. OC 18220.59
 DATE: March 4/16
[Signature]
INSPECTION SERVICES SECTION
BOILER/PRESSURE VESSEL BRANCH