

(Show facsimile of logo or trademark, as it will appear on the fitting as evidence of certification)



**DECLARATION OF CONFORMITY  
REGISTRATION OF FITTINGS**

<b>Declaration No:</b> (Unique identifier assigned by the manufacturer)		<b>Revision:</b>	
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<b>Manufacturer</b>	(Name and Address)
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**\*Table 1 Scope of Fitting Designs**

Item No.	Type / Model / Size	Product Description	Material of Construction	MDMT	Rated Pressure		References: Catalog (pages) or Drawing(s) (revision level included)
					At Ambient Temperature	At Maximum Temperature	
						at	
						at	
						at	
						at	
						at	

**\*\*Table 2 Codes, Standards, Guidelines, and Other Applicable Documents**

Item No.	Title of Code(s), Standard(s), Guideline(s), or Other Applicable Document(s)	Edition / Revision	Item No.	Title of Code(s), Standard(s), Guideline(s), or Other Applicable Document(s)	Edition / Revision
1			4		
2			5		
3			6		

**\*\*\*Table 3 Quality Program Verification and Manufacturing Sites**

Item No.	Location(s) Plant Name and Address / Site(s)	Quality Program Certificate Number	Expiry Date	Verifying Organization

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

As an official of the manufacturer with authority and having responsibility for the conformity and regulatory compliance of the fittings, I hereby declare that the information and statements made in this declaration of conformity are true and accurate.

I declare, under our sole responsibility, that the design, construction, certification, and marking of the fitting(s) listed in Table 1\*, are subject to a conformity assessment process and quality program that has been verified, as described in Table 3\*\*\*.

I certify that the fittings (s) listed in Table 1\* conform to: the provisions of the acts and regulations of the provinces and territories where the fitting(s) are registered; CSA B51; and the codes, standards, guidelines, or other applicable documents listed in Table 2\*\*.

I further declare that there is a process in place for the retention of this declaration of conformity for not less than 10 years from the issuance of the Canadian Registration Number (CRN).

Signed for and on behalf of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Manufacturer) (City) (State / Province / Country)  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Name, please print) (Function or Title) (Signature of Declarer) (Date)