



Technical Standards & Safety Authority
 345 Carlingview Drive
 Toronto, Ontario
 CANADA M9W 6N9
 Tel.: 416.734.3300
 Fax.: 416.231.1626
 Toll Free: 1.877.682.8772
 www.tssa.org



Manufacturer's logo as it will appear on fitting

Statutory Declaration of Registration

Class 1 1C 2 2C 3 3C 4
 Seamless Welded without filler metal

Category A B C D E F H
 Welded with Filler metal

Design Qualification

I, _____, _____, the applicant
 (name) (position, e.g. president, manager, chief engineer)

for this design registration, on the behalf of _____

located at _____
 (address) (telephone No.) (fax)

do solemnly declare that either

- a) The standard fittings of Category _____ listed hereunder, comply with the requirements of CSA N285.0
 and _____
 (ANSI/ASME code designation and title, including edition and addenda)

Which specifies the dimensions, materials and construction, pressure/temperature ratings, service conditions, and identification marking of the fittings; or

- b) The non-standard fittings of Category _____ listed hereunder comply with the requirements of CSA N285.0, as supported by the attached certified design specifications, certified design report (when required), and data identifying the dimensions, materials of construction, pressure/temperature ratings and basis for such ratings, the marking of the fitting for identification, and the service conditions.

1) Applicant's quality control program

I declare that the design of non-standard fittings and any manufacturing of these fittings by the applicant's organization is controlled under the quality program of _____, which meets the requirements of _____
 (company name)

and which has been verified by _____ on the following date _____.

2) Manufacturer's quality program (if applicant is not the manufacturer)

I declare that the quality program of each facility where the complete or partial fabrication of these fittings occurs will be verified to ensure it meets the applicable requirements of Clause 10 of CSA N285.0.

These items covered by this declaration, for which I seek registration, are Category _____, Class _____ fittings.
 In support of this application, the following information and/or test data are attached:

 (Drawings catalogue pages, design specifications, etc)

declared before me in _____, _____,
 (city) (province)

Use this space for the official seal

the _____ day of _____ 20_____.

Commissioner for oaths _____
 (printed name)

 (signature of commissioner for oaths)

 (signature of declarer)

FOR OFFICE USE ONLY

To the best of my knowledge and belief, the application meets the requirements of CSA N285.0 and is accepted for registration

In Category _____, Class _____, CRN _____.

Registered by _____ of authorized inspection agency _____.

Date _____

