STATUTORY DECLARATION
Registration of Fittings
Single or Multiple Fitting Designs within one Fitting Category

In this space, show facsimile of manufacturer's logo or trademark as it will appear on the fitting.

I, _____, _____
(name of applicant) (position title) (must be in a position of authority)

of _____
(name of manufacturer)

located at _____
(plant address)

do solemnly declare that the fittings listed hereunder, which are subject to the Safety Codes Act (select only one)

☐ comply with the requirements of _____ which specifies the dimensions, materials of construction, pressure/temperature ratings and identification marking of the fittings, or
(title of recognized North American Standard)

☐ are not covered by the provisions of a recognized North American standard and are therefore manufactured to comply with _____ as supported by the attached data which identifies the dimensions, materials of construction, pressure/temperature ratings and the basis for such ratings, and the identification marking of the fittings.
(title of code of construction or other applicable document)

I further declare that the manufacture of these fittings is controlled by a quality control program which has been verified as described in the below Table as being suitable for the manufacturing of these fittings to the stated standard, regulation, code, guideline or other applicable document. The fittings covered by the declaration for which I seek registration are as provided in the Supplementary Sheet(s) attached.

Quality Program Verification and Manufacturing Sites

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

Item #	Product Description, Model or Series	Quality Program	Scope of Certification	Expiry Date	Verifying Organization	Location(s) Plant Name and address
1.						
2.						

In support of this application, the following information, calculations and/or test data are attached:

_____

_____

_____ _____

(Signature of the Declarer) (Date)

DECLARED before me at _____ in the _____ of _____

(city) (province, territory, or state)

this _____ day of _____ , _____

(Month) (Year)

(print) _____

(a Commissioner of Oaths or Notary Public)

(sign) _____

(a Commissioner of Oaths or Notary Public)

_____

(expiry date (mm/dd/yy))

Commissioner of Oaths / Notary Public in and for: _____

(province, territory, or state)

Table 1 Scope of Fitting Designs**

Item #	Primary Pressure Bearing / Retaining Component	Material of Construction	Port Connections and Size Range	MDMT	Rated Pressure		Pressure Class(es) / Schedule(s)	Design Code(s) of Construction	Reference Catalogue (pages) or Drawing(s)
					At Ambient Temperature	At Maximum Temperature			

Table 2 Additional Scope Information

List/Attach Additional Detail and References (Product Configurations, Options, Illustrations, etc.)
Example: Series X Options

** For additional alternatives of Table 1, refer to Form AB-41a, Guide for Completing Form AB-41