

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: <u>KERKAU MANUFACTURING</u>	
MANUFACTURERS ADDRESS: <u>910 TRUMAN PARKWAY BAY CITY MI 48706</u>	
PLANT LOCATIONS:	
<p align="center">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</p> <p>B Fittings - all flanges</p> <p>C Valves: all line valves</p> <p>D Expansion joints, flexible connections, and hose assemblies: all types</p> <p>E Strainers, filters, separators, and steam traps</p> <p>F Measuring devices, including pressure gauges, level gauges, sight glasses, levels, or pressure transmitters</p> <p>G Certified capacity-rated pressure relief devices acceptable as primary over pressure protection on boilers, pressure vessels, piping and fusible plugs</p> <p>H Pressure retaining components that do not fall into one of the above categories</p> <p>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 align="center">TITLE OF THE STANDARD OF CONSTRUCTION</p> <p align="center">ASME B16.5 B16.36 B16.47</p>
SHOW MANUFACTURERS NAME, TRADEMARK, OR LOGO AS IT WILL APPEAR ON THE PRODUCT	
KERKAU	
<p align="center">TYPE OF CONSTRUCTION</p> <p>FORGED <input checked="" type="checkbox"/> WELDED <input type="checkbox"/> WROUGHT <input type="checkbox"/> CAST <input type="checkbox"/> OTHER <input type="checkbox"/> DESCRIBE OTHER:</p>	
<p align="center">LIST OF SUPPORTING DOCUMENTATION AND IDENTIFICATION OF THE ACTUAL ITEMS TO BE REGISTERED:</p> <p>ASME B16.5, B16.36, B16.47 DIMENSIONAL SPECIFICATIONS</p> <p>ISO CERTIFICATE</p>	

DECLARATION:

I COREY MARSHAC (see note 3) employed by KERKAU MFG 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 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 321 S. Valley Centre Dr, Bay City
 This 30th day of June AD 2011
 Commissioner of Oaths or Notary Public: (sign) [Signature]
 (Affix Official Seal to the right)

USE THIS SPACE FOR OFFICIAL SEAL

expires: 6/6/14 Acting in County of Bay



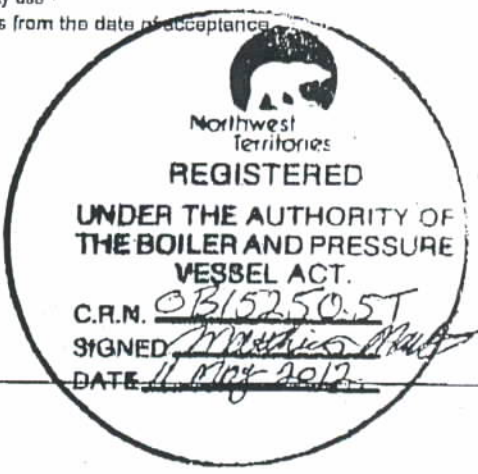
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This registration must be revalidated after ten (10) years from the date of acceptance.

CRN: 0B15250.5

FID#: 329

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.



\$150.00