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March 22, 2016

SUSAN TURNER
PARKER HANNIFIN INSTRUMENTATION GROUP CANADA
4635 DURHAM RD S
GRIMSBY ON L3M 4G4
CA

Service Request Type.: BPV-National AB
Service Request No.: 1797334
Your Reference No.: ABP-1 BACK PRESSURE REGULATOR
Registered to.: PARKER HANNIFIN INSTRUMENTATION GROUP CANADA

Dear SUSAN TURNER,

Please find enclosed the original response from AB, registered under the CRN No.: 0C10695.52.

As all jurisdictional fees are handled by the Technical Standards and Safety Authority (TSSA), you do not pay any jurisdictions directly.

Should you have any questions or require further assistance, I will be happy to assist you.
For general enquiries, please contact a Customer Service Advisor at 1.877.682.TSSA (8772) or e-mail customerservices@tssa.org. When contacting TSSA regarding this file, please refer to the Service Request number provided above.

Yours truly,

Tanya Francis
Administrative Assistant_ BPV Engineering
Tel. : 416-734-3423
Fax : 416-231-6183
Email : tfrancis@tssa.org



the pressure equipment safety authority

9410 - 20 Ave N.W.
Edmonton, Alberta, Canada T6N 0A4
Tel: (780) 437-9100 / Fax: (780) 437-7787

February 17, 2016

Attention: Tanya Francis
TECHNICAL STANDARDS & SAFETY AUTHORITY
3300 BLOOR STREET WEST
14 FLOOR CENTRE TOWER
TORONTO, ON M8X 2X4

The design submission, tracking number 2016-00668, originally received on February 01, 2016 was surveyed and accepted for registration as follows:

CRN : 0C10695.52 **Accepted on:** February 17, 2016
Reg Type: Addition to Acc. Fitting **Expiry Date:** January 08, 2026
Drawing No. : ABP1 SERIES BACK PRESS REGULATOR-RENEWAL
Fitting type: REGULATOR VALVE

Design registered in the name of : PARKER HANNIFIN - VERIFLO

The registration is conditional on your compliance with the following notes:

This registration includes the regulators having the main body made of stainless steel (A-276 316L) and for the following conditions MAWP : 500 psig @ -40/400 F.

This registration is valid only for fittings fabricated at the location(s) covered by the QC certificate attached to the accepted AB-41 Statutory Declaration form. This registration is valid only until the indicated expiry date only if the Manufacturer maintains a valid quality management system approved by an acceptable third-party agency until that date. Should the approval of the quality management system lapse before the expiry date indicated above, this registration shall become void.

An invoice covering survey and registration fees will be forwarded from our Revenue Accounts.

Enclosed are stamped prints for your reference.

Sincerely,

GRYNCHUK, MILLA



I, Joseph Lis,
Chief Engineer
 (company title, e.g. vice president, plant manager, chief engineer) (must be in a position of authority)
 of Parker Hannifin Veriflo Division
 (name of manufacturer)

located at 250 Canal Blvd, Richmond, CA 94804
 (plant address)

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

- comply with the requirements of _____ which specifies the dimensions, (title of recognized North American Standard) materials of construction, pressure/temperature ratings and identification marking of the fittings, or
- are not covered by the provisions of a recognized North American standard and are therefore manufactured to comply with Veriflo Engineering STDs as supported by the attached data which identifies the dimensions, materials of construction, pressure/temperature ratings and the basis for such ratings, and the marking of the fittings for identification.

I further declare that the manufacture of these fittings is controlled by a quality control program which has been verified by the following authority, ISO9001 - DNV as being suitable for the manufacture of these fittings to the stated standard. The fittings covered by this declaration, for which I seek registration, are Category C

In support of this application, the following information, calculations and/or test data are attached:
CRN Renewal - ABP1S - Includes: Original report; Current catalog; Current ISO9001 Certificate

DECLARED before me at RICHMOND in the STATE of CALIFORNIA
 this 2 day of 11, 2015
 (Month) (Year)
 (print) _____
 (sign) _____
 (A Commissioner for Oaths)

[Signature]
 (Signature of Applicant)

For Office Use Only

To the best of my knowledge and belief, the application meets the requirements of the Safety Codes Act and CSA Standard B51, Clause 4.2, and is accepted for registration in Category C

Registration Number: 0C10695 52

Date Registered: FEB 17 2016 Expiry Date: 2026 Jan 8

The information you provide is necessary only for the administration of the programs as required by the Alberta Safety Codes Act and Regulations in the Boiler Discipline.

CRN renewal

Law

**PLEASE SEE ATTACHED
 CA ACKNOWLEDGMENT**

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

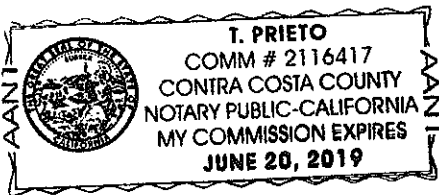
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Contra Costa)
On November 2nd, 2015 before me, T. Prieto, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Joseph Lis
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____
Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____
 Corporate Officer — Title(s): _____ Corporate Officer — Title(s): _____
 Partner — Limited General Partner — Limited General
 Individual Attorney in Fact Individual Attorney in Fact
 Trustee Guardian or Conservator Trustee Guardian or Conservator
 Other: _____ Other: _____
Signer Is Representing: _____ Signer Is Representing: _____