

**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: F.C. Kingston Co.	
MANUFACTURERS ADDRESS: 23201 Normandie Ave, Torrance CA 90501	
PLANT LOCATIONS:	
<p><b>CATEGORY OF FITTINGS TO BE REGISTERED. CIRCLE ONE CATEGORY ONLY</b></p> <p>A Pipe fittings, including couplings, tees, elbows, Ys, plugs, unions, pipe caps, or reducers                  B Flanges: all flanges                  C Valves: all line valves                  D Expansion joints, flexible connections, and hose assemblies: all types                  E Strainers, filters, separators, and steam traps                  F Measuring devices, including pressure gauges, level gauges, sight glasses, levels, or pressure transmitters  <input checked="" type="radio"/> G Certified capacity-rated pressure relief devices acceptable as primary over pressure protection on boilers, pressure vessels, piping and fusible plugs                  H Pressure retaining components that do not fall into one of the above categories                  N Nuclear components: Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/>, (Meeting CNSC or ASME requirements)</p>	<p><b>TITLE OF THE STANDARD OF CONSTRUCTION</b></p> <p>ASME BOILER AND PRESSURE VESSEL CODE SECTION VIII DIV 1</p>
<p><b>SHOW MANUFACTURERS NAME, TRADEMARK, OR LOGO AS IT WILL APPEAR ON THE PRODUCT</b></p> <p>F.C. KINGSTON CO., L.A., CA</p>	<p><b>TYPE OF CONSTRUCTION</b></p> <p>FORGED <input checked="" type="checkbox"/> WELDED <input type="checkbox"/> WROUGHT <input checked="" type="checkbox"/>                  CAST <input type="checkbox"/> OTHER <input type="checkbox"/>                  DESCRIBE OTHER:</p>
<p><b>LIST OF SUPPORTING DOCUMENTATION AND IDENTIFICATION OF THE ACTUAL ITEMS TO BE REGISTERED:</b></p> <p>F.C. CALALOG KSV10, KSV12, KSV25 &amp; 710D                  ASME CERTIFICATE OF AUTHORIZATION NO 5667 UV                  ASME CERTIFIED FLOW LETTER                  Drawings</p>	

**DECLARATION:**

I JORGE LEPE (see note 3) employed by F.C. KINGSTON Co. 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 the National Board as being suitable for that purpose and I make this solemn 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 Torrance, California

This 1st day of March AD 2013

Commissioner of Oaths or Notary Public: (sign) [Signature]



<p>This space for Regulatory Authority <b>BOILER &amp; PRESSURE VESSEL ACT</b></p> <p>This registration must be revalidated after ten (10) years from the date of acceptance.</p>	
<p>CRN: <u>OG13361.2</u></p> <p>FID#: <u>14777</u></p>	<p><b>REGISTRATION ONLY</b></p> <p>CRN <u>OG13361.27</u></p> <p>EXAMINER: <u>[Signature]</u></p> <p>for <b>CHIEF BOILER INSPECTOR</b></p> <p>DATE: <u>5/31/2013</u></p> <p><input type="checkbox"/> R I P <input type="checkbox"/></p>
<p><b>Notes:</b></p> <p>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.</p>	