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FITTING CRN APPLICATION SUPPLEMENT - RECIPROCAL

This supplement form is to be completed and signed for all applications for a fitting reciprocal registration.

Drawing #: Various sizes, refer to TFA catalog.

Revision: _____ Title: _____

CRN #: *OA11654.5

Date of Initial Registration: *June 19, 2007

FITTING CATEGORY (check one)

- | | |
|--|---|
| <input checked="" type="checkbox"/> A - Pipe Fittings | <input type="checkbox"/> E - Strainers / Filters / Separators / Steam Traps |
| <input type="checkbox"/> B - Flanges | <input type="checkbox"/> F - Measuring Devices |
| <input type="checkbox"/> C - Valves | <input type="checkbox"/> G - Pressure Relief Devices |
| <input type="checkbox"/> D - Expansion Joints / Flexible Connections / Hose Assemblies | <input type="checkbox"/> H - Other |

Note: Certain A, B, C and G category fittings are exempt from registration – see Directive D-B6 070402 3

DESIGN CONDITIONS AND CONFIGURATION (complete and check applicable units)

| | | | | | | |
|-------------------|-------------------------------------|-------|--------------------------|-------|--------------------------|-----|
| MAWP: | <input checked="" type="checkbox"/> | PSIG | <input type="checkbox"/> | kPa | <input type="checkbox"/> | Bar |
| MAWT: | <input type="checkbox"/> | deg C | <input type="checkbox"/> | deg F | | |
| MDMT: | <input type="checkbox"/> | deg C | <input type="checkbox"/> | deg F | | |
| External Pressure | <input type="checkbox"/> | PSIG | <input type="checkbox"/> | kPa | <input type="checkbox"/> | Bar |
| Single Fitting | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | | |

Expiry Date: _____

CODE OR STANDARD OF DESIGN (check one)

- | | |
|---|--|
| <input type="checkbox"/> ASME Section I | <input checked="" type="checkbox"/> ASME B31.1 |
| <input type="checkbox"/> ASME Section IV | <input checked="" type="checkbox"/> ASME B31.3 |
| <input checked="" type="checkbox"/> ASME Section VIII, division 1 | <input type="checkbox"/> ASME B31.5 |
| <input type="checkbox"/> ASME Section VIII, division 2 | <input checked="" type="checkbox"/> CSA B51 |
| <input type="checkbox"/> ASME Section VIII, division 3 | <input type="checkbox"/> CSA B52 |
| <input type="checkbox"/> ASME PVHO-1 | <input type="checkbox"/> Other (specify) <u>ASME B16.9, CSA Z245.11, MSS SP-75</u> |

RECIPROCAL COMPLIANCE DECLARATION

I declare that the submitted design in this application conforms to the design that has been previously registered by another Province and that documentation of previous registration is provided.

Name John G. Peachey Signature [Signature] Date 1-4-17



British Columbia Safety Authority
Engineering & Research, Operations
Design Registration

Suite 200, 505 Sixth Street
New Westminster, BC V3L 0E1
Email: boiler.designregistration@safetyauthority.ca
www.safetyauthority.ca

DESIGN REGISTRATION APPLICATION FORM (CRN/PRN/BCLD)

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If information about this design was submitted subsequent to this application, please provide **Journal Number:** _____

Reciprocals: Please submit, in addition to this form, verification of registration in another jurisdiction & ☐ Supplemental **CRN:** OA11654.5

Section A – Billing Client:

Date of Application: _____

| | | | |
|-----------------|---|------------------|-------------------|
| Company: | TECHNICAL STANDARDS & SAFETY AUTHORITY | Contact Name: | TANYA FRANCIS |
| Address: | 3300 BLOOR STREET WEST, 14TH FLOOR CENTER TOWER | City/Town: | TORONTO |
| Province/State: | ON | Postal/Zip code: | M8X 2X4 |
| Phone: | 416-734-3423 | Email: | tfrancis@tssa.org |
| Fax: | 416-231-6183 | | |

Applicant's billing reference (job #, file # etc.) _____

Section B – Submitted By:

☒ Same as Section A

☐ See below

| | | | |
|-----------------|-------|------------------|-------|
| Company: | _____ | Contact Name: | _____ |
| Address: | _____ | City/Town: | _____ |
| Province/State: | _____ | Postal/Zip code: | _____ |
| Phone: | _____ | Email: | _____ |
| Fax: | _____ | | |

Section C – Register To:

☒ Same as Section A

☒ See below

| | | | |
|-----------------|--------------------------------|------------------|------------------------|
| Company: | TUBE FORGINGS OF AMERICA, INC. | Contact Name: | JOHN G. PEACHEY |
| Address: | 5200 NW FRONT AVE. | City/Town: | PORTLAND |
| Province/State: | OR | Postal/Zip code: | 97210 |
| Phone: | 503-820-2136 | Email: | JOHNP@TUBEFORGINGS.COM |
| Fax: | 503-820-2194 | | |

Section D – Site / Installation Information (for piping and used vessel submissions only) Required:

Address: _____

Site/Building Name: _____

Section E – Design Definition

Registration Type: (please check ONE)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> New CRN | <input checked="" type="checkbox"/> New Reciprocal | <input type="checkbox"/> Repair/Alteration | <input type="checkbox"/> Control System |
| <input type="checkbox"/> CRN Revision/Update | <input type="checkbox"/> Reciprocal Revision/Update | <input type="checkbox"/> Used Vessel | |

Design Category: (please check one and indicate corresponding volume or heat transfer/surface area)

- | | | | |
|---|----|---|---|
| <input type="checkbox"/> Pressure Vessel (Volume) _____ | m3 | <input type="checkbox"/> Heat Exchanger (Heat Transfer) _____ | m2 |
| <input type="checkbox"/> Boiler (Heating Surface) _____ | m2 | <input checked="" type="checkbox"/> Fitting | <input type="checkbox"/> Piping System (note 2) |

- For Fitting – Please provide original Statutory Declaration per CSA B51, and valid QMS Certificate

NOTE: CRN Application must include the following:

1. Paper copies required. For more than one design, please complete a separate application and collate documents by design.
2. Only 1 set of drawings, calculations & application form is required for each design submittal (piping is included and only requires 1 set of drawings, calculations and an application form. Please provide documents in smallest, legible size.
3. For 'COMPLETE' registration requirements please visit <http://www.safetyauthority.ca/permits-approvals/design-registrations/boiler>
4. Only 'COMPLETE' design registration packages will be accepted. *Incomplete application packages will not be processed.*
5. For reciprocal registrations please ensure that the supplementary form is also completed and accompanies this application.



DESIGN REGISTRATION APPLICATION FORM (CRN/PRN/BCLD)

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Section E – Design Definition (continued from page 1)

Main Design Drawing(s) #: _____ Revision: _____

Calculations Document #: _____ Revision: _____ Date: _____

Note: vessels with an overall length greater than 20ft require seismic calculations to be included in the calculations

(For reciprocal registration) CRN #: OA11654.5 Date of Initial Registration: June 19, 2007

Other documents and revisions that define the design or are necessary to demonstrate compliance.
Refer to BC Safety Authority registration circulars for guidance relating to the types of documentation expected for compliance demonstration.

Document #: _____ Revision: _____ Date: _____
Document #: _____ Revision: _____ Date: _____

Code or Standard of Design (check applicable)

| | |
|---|---|
| <input type="checkbox"/> ASME Section I | <input checked="" type="checkbox"/> ASME B31.1 |
| <input type="checkbox"/> ASME Section IV | <input checked="" type="checkbox"/> ASME B31.3 |
| <input checked="" type="checkbox"/> ASME Section VIII, division 1 * (see below) | <input type="checkbox"/> ASME B31.5 |
| <input type="checkbox"/> ASME Section VIII, division 2 | <input checked="" type="checkbox"/> CSA B51 |
| <input type="checkbox"/> ASME Section VIII, division 3 | <input type="checkbox"/> CSA B52 |
| <input type="checkbox"/> ASME PVHO-1 | <input checked="" type="checkbox"/> Other (specify) <u>ASME B16.9, CSA Z245.11, MSS SP-75</u> |

*If ASME Section VIII, Division 1: Does the design leverage rule U-1(d) or U-2(g) for compliance? Yes ☐ No ☒

Compliance Declaration

(To be completed by a registered professional engineer or identify the qualifications of the declarer that establish their suitability for making the following declaration) See IB-BP-2014-02

I declare that the above:

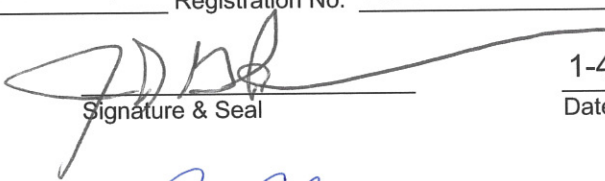
1. information is complete and correct, and
2. submitted design complies with the stated code or standard of design and, to the best of my knowledge, is safe for construction and use.

Professional Engineer:

Association Name TUBE FORGINGS OF AMERICA, INC. Registration No. N/A

JOHN G. PEACHEY

Name


Signature & Seal

1-4-2017

Date

Other Qualified Person:

Name SCOT MARSHALL Signature  Date 1-4-2017

Qualifications of person identified above:

JOHN PEACHEY: QUALITY ASSURANCE MANAGER / METALLURGY / NDE

SCOT MARSHALL: ASSISTANT QUALITY ASSURANCE MANAGER