

345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel.: 416.734.3300 Fax: 416.231.1626 Toll Free: 1.877.682.8772

www.tssa.org

April 8, 2021

ROUND ENGINEERING INC 10 SEGWUN RD WATERDOWN ON L8B 0K6 CANADA

**Workorder Type:** Registration - Fitting(Conventional)

Workorder No: 8005826

Your Reference No.: R-1117D

Registered to: ENDRESS + HAUSER CONDUCTA INC

Dear SCOTT ISLIP,

Technical Standards and Safety Authority (TSSA) is pleased to inform you that your submission has been reviewed and registered as follows:

CRN: 0F17064.5R1

Main Design No.: Renewal - Condumax CLS21/CLS21D/CLS21E Conductivity Sensors - See stamped Scope of

**CRN** Registration

Expiry Date: Apr 08, 2031

Please be advised that a valid quality control system must be maintained for the fitting registration to remain valid until the expiry date.

The stamped copy of the approved registration and the invoice are mailed separately (There will be no hard copies for electronic submissions). Should you have any questions or require further assistance, please contact a Customer Service Advisor at 1.877.682.TSSA (8772) or e-mail customerservices@tssa.org. We will be happy to assist you. When contacting TSSA regarding this file, please refer to the Service Request number provided above.

Yours truly,

Wendy Du Engineer, BPV

Tel.: +1 416-734-3566 Email: Wdu@tssa.org



## TECHNICAL STANDARDS & SAFETY AUTHORITY

14th Floor, Centre Tower 3300 Bloor Street West Toronto, Ontario Canada M8X 2X4 Show facsimile of manufacturer's logo or trademark, as it will appear on the fitting, in the space below



#### STATUTORY DECLARATION Registration of Fittings LEONARD AMBROSINI, GENERAL MANAGER (Name and Position, e.g. President, Plant Manager, Chief Engineer) of ENDRESS+HAUSER CONDUCTA INC. (Name of Manufacturer) Located at SEE ATTACHED WORLDWIDE LOCATIONS APPENDIX 1-714-577-5600 (Plant Address) (Telephone No.) (Fax No.) do solemnly declare that the fittings listed hereunder, which are subject to the Technical Standards and Safety Act, Boilers and Pressure Vessels Regulation, comply with all of the requirements of ASME B31.3, ASME B31.1 (Title of recognized North American Standard) which specifies the dimensions, materials of construction, pressure/temperature ratings, identification marking the fittings and service; or 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, material of construction, pressure/temperature ratings and the basis for such ratings, the marking of the fitting for identification and service. I further declare that the manufacture of these fittings is controlled by a quality system meeting the requirements of ISO:9001 which has been verified by the following authority, SQS The items covered by this declaration, for which I seek registration, are category F type fittings. In support of this application, the following information and/or test data are attached as follows: DRAWINGS, CALCULATIONS, REPORTS, SCOPE OF CRN (drawings, calculations, test reports, etc.) Declared before me at in the see attached acknowledgment Commissioner for Oaths: (Printed name) (Signature) (Signature of Declarer) FOR OFFICE USE ONLY Technical Boilers and Standards To the best of my knowledge and belief, the application meets the requirements of the Pressure Vessels and Safety Safety Program Technical Standards and Safety Act, Boilers and Pressure Vessels Regulation, and Authority CSA Standard B51 and is accepted for registration in Category REGISTERED CRN: C.R.N.: 0F17064.5R1 Registered by: Signed: Dated: Date: April 8, 2021. Condumax CLS21/CLS21D/CLS21E Conductivity NOTE: This registration expires on April 08, 2031

## CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 Orange                                                                                                | _ }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| On 01/29/2020 before me,                                                                                        | Laurel Boles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| personally appeared Leonard Ambrosi                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| name(s)(s)are subscribed to the within he)she/they executed the same in his/                                    | factory evidence to be the person(s) whose instrument and acknowledged to me that ner/their authorized capacity(ies), and that by nent the person(s), or the entity upon behalf of ne instrument.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| I certify under PENALTY OF PERJUR' the foregoing paragraph is true and co                                       | Y under the laws of the State of California that rrect.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| WITNESS my hand and official seal.                                                                              | LAUREL BOLES  Commission No. 2180169  NOTARY PUBLIC-CALIFORNIA ORANGE COUNTY  My Comm. Expires JANUARY 16, 2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Notary Public Signature (N                                                                                      | lotary Public Seal)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ADDITIONAL OPTIONAL INFORMAT                                                                                    | INSTRUCTIONS FOR COMPLETING THIS FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| DESCRIPTION OF THE ATTACHED DOCUMENT                                                                            | if needed, should be completed and attached to the document. Acknowledgments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Technical Standards & Safety Authority                                                                          | from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| (Title or description of attached document)                                                                     | <ul> <li>State and County information must be the State and County where the document</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Registration of Fittings                                                                                        | signer(s) personally appeared before the notary public for acknowledgment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (Title or description of attached document continued)                                                           | <ul> <li>Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Number of Pages _1 Document Date _01/29/2020                                                                    | <ul> <li>The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).</li> <li>Print the name(s) of document signer(s) who personally appear at the time of</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CAPACITY CLAIMED BY THE SIGNER  Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s) | notarization.  Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.  The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.  Signature of the notary public must match the signature on file with the office of the county clerk.  Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.  Indicate title or type of attached document, number of pages and date. |

Indicate the capacity claimed by the signer. If the claimed capacity is a

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

Securely attach this document to the signed document with a staple.

www.NotaryClasses.com 800-873-9865

08-Mar-21

4123 LA PALMA AVE. ANAHEIM, CA 92807, USA



Page 1 of 2

#### **SCOPE OF CRN REGISTRATION**

#### PRODUCT DESCRIPTION

| Description (Note 1)           | Design Standard | Process Connections                                        | Drawings                                  | EH TI Document       |
|--------------------------------|-----------------|------------------------------------------------------------|-------------------------------------------|----------------------|
| Condumax CLS2<br>CLS21D / CLS2 | I BATT ASME BPE | 1" NPT, G1 and 2" ASME BPE, ISO2852 Clamp Ferrule (Note 2) | 427148-B, 418507-A,<br>418511-A, 416395-B | TI00085C/07/EN/15.18 |

#### **PRESSURE - TEMPERATURE RATINGS**

| MDMT | MAWP AT 68°F | MAWP AT 275°F | NOTES |
|------|--------------|---------------|-------|
| -4°F | 246 psia     | 51 psia       | None  |

#### MATERIALS OF CONSTRUCTION

| PROCESS CONNECTION MATERIAL (NOTE 3,4)                                                                 | SENSOR MATERIAL                                                                                                               | NOTES                                                          |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Type 316L Stainless Steel ASTM A479-316L, (1.4404, 1.4435), UNS S31603 and PES-GF20 (Polyethersulfone) | Type 316L Stainless Steel ASTM A479-316L, (1.4404, 1.4435), UNS S31603,PES-GF20 (Polyethersulfone), Graphite, Titanium 3.7035 | Optional process connection materials may be used. See Note 3. |

**Note 1)** This CRN Registration covers the CLS21, CLS21D and CLS21E conductivity sensors. During the lifecycle of this product it may be necessary to update the sensor electronics that have no effect on the pressure retaining ability of the sensor. When this occurs the  $\underline{\underline{E}}$  in the product code will change to  $\underline{\underline{F}}$  which is the next letter in the alphabet. This process of updating the sensor electronics may occur multiple times during lifecycle of this product and therefore as long as the pressure retaining components of the sensor do not change the last letter in the above product code has no effect on the validity of the CRN.

**Note 2)** The ASME BPE Ferrule connection shall be used with a clamp, however the assembly clamp is not part of this CRN. Pressure-Temperature ratings may be limited by the clamp type used in the joint assembly. The clamp used to complete the joint shall have its own CRN and shall have pressure-temperature ratings the same or higher than the product ratings.

THIS IS PART OF CRN

0F17064.5R1

Technical Standards and Safety Authority

Boilers and Pressure Vessels Safety

Program

4123 LA PALMA AVE. ANAHEIM, CA 92807, USA



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#### **SCOPE OF CRN REGISTRATION**

Note 3) The following additional alloys of superior or equivalent properties to those listed above are also included in the Scope of Registration:

- ASTM A182-316L
- ASTM A182-304
- ASTM A479-304
- ASTM A182-304L
- ASTM A479-304L
- ASTM A182-316
- ASTM A479-316
- ASTM B462 UNS N08020 Alloy 20
- ASTM B366 UNS N08020 Alloy 20
- ASTM B564 UNS N10276 Hastelloy C-276
- ASTM B574 UNS N10276 Hastellov C-276
- ASTM B366 UNS N06022 Hastelloy C22
- ASTM B564 UNS N06022 Hastelloy C22
- ASTM B462 UNS N10675 Hastelloy B3
- ASTM B564 UNS N10675 Hastelloy B3
- ASTM B335 UNS N10675 Hastelloy B3
- ASTM B564 UNS N04400 Monel 400 (Limited to 100°F max. under this CRN)
- ASTM B164 UNS N04400 Monel 400 (Limited to 100°F max. under this CRN)
- ASTM B166 UNS N06600 Inconel 600
- ASTM B564 UNS N06600 Inconel 600
- ASTM B564 UNS N06625 Inconel 625
- ASTM B446 UNS N06625 Inconel 625
- ASTM B425 UNS N08825 Inconel 825
- ASTM B564 UNS N08825 Inconel 825
- ACTM A 470 LING CO4000 D
- ASTM A479 UNS S31803 Duplex
- ASTM A182-F51 UNS S31803 Duplex
- ASTM A479 UNS S32750 Super Duplex
- ASTM A182-F53 UNS S32750 Super Duplex
- ASTM A479 UNS S32760 Super Duplex
- ASTM A182-F55 UNS S32760 Super Duplex
- ASTM B381-F3 UNS R50550 Titanium Grade 3

(Note Titanium limited to 247°F max for ASME B31.3 Service and 173°F max. for ASME B31.1 Service under this CRN.)

**Note 4)** In accordance with ASME B31.1 para. 123.1.2(D) when this product is manufactured from a ASME B31.1 unlisted material and used under the ASME B31.1 code the facility owner must accept the use of the unlisted material.

Note 5) See Attached List of Endress+Hauser Manufacturing locations applicable to this CRN.

## THIS IS PART OF CRN

0F17064.5R1

Technical Standards and Safety Authority

Boilers and Pressure Vessels Safety

Program



#### **WORLDWIDE LOCATIONS APPENDIX – PAGE 1 OF 1**

# ENDRESS+HAUSER CONDUCTA GMBH & CO. KG LOCATIONS & CERTIFYING AUTHORITIES

(rev. June 17, 2020)

#### Endress+Hauser Conducta GmbH & Co. KG

Dieselstrasse 24 / Postfach 100 154 70839 Gerlingen Germany ISO 9001 Certified by SQS

#### Endress+Hauser Conducta GmbH & Co. KG

Siemensstraße 2 64823 Groß-Umstadt Germany ISO 9001 Certified by SQS

#### **Endress+Hauser Conducta Waldheim**

Gewerbegebiet Richzenhain Landsberger Straße 28 04736 Waldheim Germany ISO 9001 Certified by SQS

#### Endress+Hauser Conducta, Inc.

4123 East La Palma Ave, Suite 200 Anaheim, CA 92807 United States of America ISO 9001 Certified by SQS

#### **Endress+Hauser Analytical Instruments**

(Suzhou) Co., Ltd.
No. 31 JiangTianLiLu
Suzhou Industrial Park 215126
People's Republic of China
ISO 9001 Certified by SQS

## THIS IS PART OF CRN

0F17064.5R1

Technical Standards and Safety Authority

Boilers and Pressure Vessels Safety

Program

9410 - 20 Ave N.W.

Edmonton, Alberta, Canada T6N 0A4

Tel: (780) 437-9100 / Fax: (780) 437-7787

July 18, 2021

Attention: Tanya Francis

**TECHNICAL STANDARDS & SAFETY AUTHORITY** 

345 CARLINGVIEW DRIVE TORONTO, ON M9W 6N9

The design submission, tracking number 2021-03737, originally received on July 08, 2021 was surveyed and accepted for registration as follows:

**CRN:** 0F17064.52 **Accepted on:** July 18, 2021

Reg Type: RENEWAL Expiry Date: April 08, 2031

**Drawing No.**: SCOPE OF CRN REGISTRATION

Fitting type: CONDUMAX CLS21/CLS21D/CLS21E

Design registered in the name of : ENDRESS + HAUSER CONDUCTA INC

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

- \*\* The Scope of this Registration include renewal, and addition of Condumax CLS21E
- \*\* Design Report #: R-1117D Rev 0

As indicated on AB-41 Statutory Declaration form and submitted documentation, the code of construction are ASME B31.1 and ASME B31.3.

- It is our understanding that the fitting(s), included as the scope of this submission, that is(are) subject to the Safety Codes Act shall comply with the requirements of the indicated Standard or Code of Construction on the AB-41 Statutory Declaration as supported by the attached data which identifies the dimensions, materials of construction, press./temp. ratings and the basis for such ratings, and the identification marking of the fittings.
- 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 and 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.

If you have any question don't hesitate to contact me by phone at (780) 433-0281 ext 3337 or fax (780) 437-7787 or e-mail Dick@absa.ca.

Sincerely,

DICK, ASHLING, P. Eng.

2021-03737 Continued on the next page...

<sup>\*\*</sup> See attached Worldwide Locations Appendix for a list of manufacturing locations



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

July 18, 2021 DOP Cert. No. D00007936

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# STATUTORY DECLARATION Registration of Fittings

| LIE                                                               | EONARD AMBROSINI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | . 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# CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
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| County of Orange }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |
| On 01/29/2020 before me, Laurel Boles (Here insert name and title of the officer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| personally appeared Leonard Ambrosini 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.  LAUREL BOLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7                        |
| WITNESS my hand and official seal.  Commission No. 2180169 NOTARY PUBLIC-CALIFORNIA ORANGE COUNTY My Comm. Expires JANUARY 16, 2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ··· NCC1 ··········      |
| Notary Public Signature (Notary Public Seal)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |
| ADDITIONAL OPTIONAL INFORMATION INSTRUCTIONS FOR COMPLETING THIS FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ORM                      |
| DESCRIPTION OF THE ATTACHED DOCUMENT  If needed, should be completed and attached to the document. Acknowledges the should be completed and attached to the document.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | vledoments               |
| Alberta Statutory Declaration  from other states may be completed for documents being sent to that sas the wording does not require the California notary to violate California.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ornia notary             |
| (Title or description of attached document)  • State and County information must be the State and County where                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | the document             |
| Registration of Fittings signer(s) personally appeared before the notary public for acknowled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | igment.                  |
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| Print the name(s) of document signer(s) who personally appear a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | at the time of           |
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| he/she/they, is /are ) or circling the correct forms. Failure to correct!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | y indicate this          |
| ☐ Corporate Officer  information may lead to rejection of document recording.  • The notary seal impression must be clear and photographically                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | reproducible             |
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| Title)  Sufficient area permits, otherwise complete a different acknowledgme  ■ Partner(s)  Signature of the notary public must match the signature on file with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ent form.  the office of |
| Attorney in Fact the county clerk.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |
| Trustee(s)  Additional information is not required but could help to acknowledgment is not misused or attached to a different document of the could help to acknowledgment is not misused or attached to a different document.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | cument.                  |
| Other bindicate title or type of attached document, number of pages Indicate the capacity claimed by the signer. If the claimed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and date.                |

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

Securely attach this document to the signed document with a staple.

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**08-Mar-21**Page 1 of 2

#### **SCOPE OF CRN REGISTRATION**

#### PRODUCT DESCRIPTION

| Description<br>(Note 1)             | Design Standard                                            | Process Connections                                        | Drawings                                  | EH TI Document       |
|-------------------------------------|------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------|----------------------|
| Condumax CLS21 /<br>CLS21D / CLS21E | ASME B31.3, ASME<br>B31.1, ASME BPE,<br>ASME VIII-1 UG-101 | 1" NPT, G1 and 2" ASME BPE, ISO2852 Clamp Ferrule (Note 2) | 427148-B, 418507-A,<br>418511-A, 416395-B | TI00085C/07/EN/15.18 |

#### **PRESSURE - TEMPERATURE RATINGS**

| MDMT | MAWP AT 68°F | MAWP AT 275°F | NOTES |
|------|--------------|---------------|-------|
| -4°F | 246 psia     | 51 psia       | None  |

#### MATERIALS OF CONSTRUCTION

| PROCESS CONNECTION MATERIAL (NOTE 3,4)                                                                        | SENSOR MATERIAL                                                                                                               | NOTES                                                          |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Type 316L Stainless Steel ASTM A479-316L,<br>(1.4404, 1.4435), UNS S31603 and PES-<br>GF20 (Polyethersulfone) | Type 316L Stainless Steel ASTM A479-316L, (1.4404, 1.4435), UNS S31603,PES-GF20 (Polyethersulfone), Graphite, Titanium 3.7035 | Optional process connection materials may be used. See Note 3. |

**Note 1)** This CRN Registration covers the CLS21, CLS21D and CLS21E conductivity sensors. During the lifecycle of this product it may be necessary to update the sensor electronics that have no effect on the pressure retaining ability of the sensor. When this occurs the <u>E</u> in the product code will change to <u>F</u> which is the next letter in the alphabet. This process of updating the sensor electronics may occur multiple times during lifecycle of this product and therefore as long as the pressure retaining components of the sensor do not change the last letter in the above product code has no effect on the validity of the CRN.

Note 2) The ASME BPE Ferrule connection shall be used with a clamp, however the assembly clamp is not part of this CRN. PressureSAFETY CODES ACT - PROMINGE OF ALBERTA
Temperature ratings may be limited by the clamp type used in the joint assembly. The clamp used to complete the joint shall have
Its own
ACCEPTED: OF 17064. 52

SUPERIOR OF ALBERTA
SUPERIOR OF ALBERTA
its OWN
ACCEPTED: OF 17064. 52
See acceptance letter for
conditions of registration.
Date: 2021-07-18
By: John John
ASHLING DICK, P. Eng

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#### **SCOPE OF CRN REGISTRATION**

Note 3) The following additional alloys of superior or equivalent properties to those listed above are also included in the Scope of Registration:

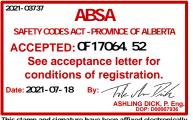
- ASTM A182-316L
- ASTM A182-304
- ASTM A479-304
- ASTM A182-304L
- ASTM A479-304L
- ASTM A182-316
- ASTM A479-316
- ASTM B462 UNS N08020 Alloy 20
- ASTM B366 UNS N08020 Alloy 20
- ASTM B564 UNS N10276 Hastelloy C-276
- ASTM B574 UNS N10276 Hastelloy C-276
- ASTM B366 UNS N06022 Hastelloy C22
- ASTM B564 UNS N06022 Hastelloy C22
- ASTM B462 UNS N10675 Hastelloy B3
- ASTM B564 UNS N10675 Hastelloy B3
- ASTM B335 UNS N10675 Hastelloy B3
- ASTM B564 UNS N04400 Monel 400 (Limited to 100°F max. under this CRN)
- ASTM B164 UNS N04400 Monel 400 (Limited to 100°F max. under this CRN)
- ASTM B166 UNS N06600 Inconel 600
- ASTM B564 UNS N06600 Inconel 600
- ASTM B564 UNS N06625 Inconel 625
- ASTM B446 UNS N06625 Inconel 625
- ASTM B425 UNS N08825 Inconel 825
- ASTM B564 UNS N08825 Inconel 825
- ASTM A479 UNS S31803 Duplex
- ASTM A182-F51 UNS S31803 Duplex
- ASTM A479 UNS S32750 Super Duplex
- ASTM A182-F53 UNS S32750 Super Duplex
- ASTM A479 UNS S32760 Super Duplex
- ASTM A182-F55 UNS S32760 Super Duplex
- ASTM B381-F3 UNS R50550 Titanium Grade 3

(Note Titanium limited to 247°F max for ASME B31.3 Service and 173°F max. for ASME B31.1 Service under this CRN.)

Note 4) In accordance with ASME B31.1 para. 123.1.2(D) when this product is manufactured from a ASME B31.1 unlisted material and used under the ASME B31.1 code the facility owner must accept the use of the unlisted material.

Note 5) See Attached List of Endress+Hauser Manufacturing locations applicable to this CRN.

Page 2 of 2



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#### **WORLDWIDE LOCATIONS APPENDIX – PAGE 1 OF 1**

# ENDRESS+HAUSER CONDUCTA GMBH & CO. KG LOCATIONS & CERTIFYING AUTHORITIES

(rev. June 17, 2020)

#### Endress+Hauser Conducta GmbH & Co. KG

Dieselstrasse 24 / Postfach 100 154 70839 Gerlingen Germany ISO 9001 Certified by SQS

#### Endress+Hauser Conducta GmbH & Co. KG

Siemensstraße 2 64823 Groß-Umstadt Germany ISO 9001 Certified by SQS

#### **Endress+Hauser Conducta Waldheim**

Gewerbegebiet Richzenhain Landsberger Straße 28 04736 Waldheim Germany ISO 9001 Certified by SQS

#### **Endress+Hauser Conducta, Inc.**

4123 East La Palma Ave, Suite 200 Anaheim, CA 92807 United States of America ISO 9001 Certified by SQS

## Endress+Hauser Analytical Instruments

(Suzhou) Co., Ltd.
No. 31 JiangTianLiLu
Suzhou Industrial Park 215126
People's Republic of China
ISO 9001 Certified by SQS

| New Brunswick<br>Nunavut                                                                                                       | Neva Scotia<br>Yukon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Prince Edward Island<br>Northwest Territories                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Newfoundland and Labrador                                                                                                                                                                                                                                                                                |
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| Manufacturers Na                                                                                                               | THE ENDRESS HAUSER CONDUCTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                          |
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| E Strainers, filters, sen                                                                                                      | bie connections, and hose assemb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | illes: all lypes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ASME B31.3                                                                                                                                                                                                                                                                                               |
| F Measuring devices, in                                                                                                        | icluding pressure gauges, level car                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ges, sight plasses, levels, or pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ASME B31.1                                                                                                                                                                                                                                                                                               |
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| boilers, pressure vess<br>H Pressure retaining co                                                                              | els, piping and fusible plugs<br>moonems that do not fall lists one o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e às primary over pressure profection on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                          |
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| Show Manufacturers                                                                                                             | Name Trademark or Loca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1. (Meeting CNSC or ASME requirements)<br>It will appear on the product                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u> </u>                                                                                                                                                                                                                                                                                                 |
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| - DRAWINGS C                                                                                                                   | ALCULATIONS, REPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | THE PART OF THE PA | (d)                                                                                                                                                                                                                                                                                                      |
| fittings is regulated by a Q verified by source you believing it to be true, and Signature of Declarer.  Declared before me at | quality of the end product do so<br>the product for which registrati<br>narkings are in accordance wit<br>uality Control Program which a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | n the herein named standards. I furth standards to each plant where fabrication ittable for that purpose and I make this orce and effect as if made under eath.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d being the person having full authority intained in this form is true to the best of els of construction, pressure temperature or declare that the manufacture of these receips in whole or in part and has been a solemn declaration conscientiously.  Hached Acknowleds men ace for the Official Seal |
|                                                                                                                                | This was                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e for Regulatory Authority use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                          |
| CRN: 0F17064.5Rev                                                                                                              | THE PERSON OF TH | e for Regulatory Authority use:<br>ated after len (10) years from the date of a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CCabiance                                                                                                                                                                                                                                                                                                |
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| FID#, Fid-14878                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ACCEPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                          |
| Notes:                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PROVINCE OF PRINCE I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                          |
| 1. All Fittings shall be registered                                                                                            | In the name of the Menufacturer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | COMMUNITIES, LAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | & ENVIRONMENT                                                                                                                                                                                                                                                                                            |
| Each Category shall be supp                                                                                                    | ritari unita auta Chataina                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CRN 0 170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 64.59Rev)1                                                                                                                                                                                                                                                                                               |
| The fatte or it is a fatte of the original of                                                                                  | ocumentation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 2 /2/                                                                                                                                                                                                                                                                                                  |
| responsibility for the quality of                                                                                              | s by the person having full authority and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 40/4                                                                                                                                                                                                                                                                                                     |
| I                                                                                                                              | the manufactured for validation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7 -                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                | AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Bianamari                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 000 000000                                                                                                                                                                                                                                                                                               |
| 11/2016                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INSPECTION SERVI<br>BOILER/PRESSURE V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CES SECTION 1.0 - Fattings Rov. 2 ESSEL BRANCH                                                                                                                                                                                                                                                           |

| New Brunswick<br>Nunavut                                                          | Nova Scotta<br>Yukon                                     | Prince Edward Island<br>Northwest Territories                                     | Newfoundland and Labrador                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|                                                                                   |                                                          |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Manufacturers Na                                                                  | TO: ENDRESS+HAUSER CONDUC                                | TAINC.                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Manufacturers Add                                                                 | Iress: See attached worldw                               | DE LOCATIONS APPENDIX                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Plant Locations: SE                                                               | EATTACHED WORLDWIDE LOCATI                               | ONS APPENDIX                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| B Flanges: all flanges                                                            | g couplings, tees, elbows, Ys, r                         | ed. Circle one Category only<br>blugs, unions, pipe capa, or reducers             | Title of the Standard of<br>Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| C Valves: all line valve                                                          | s<br>dble connections, and hose ass                      | ambles of the second                                                              | ASME B31.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| E Strainers, filters, sep                                                         | arators, and steam trans                                 |                                                                                   | ASME B31 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| F Measuring devices, I                                                            | noluding pressure gauges, level                          | gauges, sight glasses, levels, or pressu                                          | re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| transmitters G Certified capacity-rate                                            | ed pressure relief devices accer                         | plable as primary over pressure protection                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Dollers, Dressure vest                                                            | Bis. Dining and theinle nline                            |                                                                                   | W 011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1                                                                                 | mponents that do not fall into o                         |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| N Nuclear components:                                                             | Class 1 🗆 Class 2 🗖 Class                                | 3 [] . (Meeting CNSC or ASME require                                              | ments)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Show Manufacturers                                                                | Name, Trademark, or Los                                  | to as it will appear on the produc                                                | Type of Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                   |                                                          |                                                                                   | Forged & Welded p Wrought a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Endre                                                                             | ess+Hauser                                               | AI!                                                                               | Cast o Other a Describe other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| LIIUIE                                                                            | 132 . Hansel                                             |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                   |                                                          |                                                                                   | Plastic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| List of supporting do                                                             | cumentation and Identific                                | ation of the actual items to be re-                                               | gistered:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| - DRAWINGS, C                                                                     | ALCULATIONS, RE                                          | PORTS, SCOPE OF CRN                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Declaration:                                                                      |                                                          |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| atings, and identification<br>ttings is regulated by a<br>erified by \$95,050,000 | markings are in accordance<br>Quality Control Program wh | e with the herein named standards.                                                | and being the person having full authority niton contained in this form is true to the best of materials of construction, pressure temperature. I further declare that the manufacture of these incation occurs in whole or in part and has been ake this solemn declaration conscientiously er path.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ignature of Declarer:                                                             |                                                          |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| eclared before pre at                                                             |                                                          | , Sc                                                                              | e attached Acknowledgmen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| his day of                                                                        | AD                                                       | Lise                                                                              | this space for the Official Seal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ommissioper of Oaths                                                              |                                                          |                                                                                   | The state of the s |
| Notan Public: (sign) _                                                            |                                                          |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                   | (Affix Official seal to the right                        | 1)                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                   | This registration must be a                              | s space for Regulatory Authority use.<br>evalidated after ten (10) years from the |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| RN: 0F17064.5Re                                                                   | ev1                                                      | CR & PRE                                                                          | SSI/b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                   | onemporis -                                              | J.ER a                                                                            | - RE L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| D#: Fid-14878                                                                     | Ministrative Alexander                                   | Orto T. A.                                                                        | COLIA COLI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| otas:                                                                             |                                                          | Date Jul                                                                          | 4 16/21 (8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                   | red in the name of the Manufacture                       |                                                                                   | 064 500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Each Category shall be su<br>and one copy of supporting                           | pported with two Statutory Declarat<br>documentation.    | conforma Dwg. as des                                                              | 064.58REVI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| The Declaration shall be mesponsibility for the quality                           | ade by the person having full author of the end product. | ority and Signed Troops                                                           | Perry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Quality Control programs a                                                        | hall be resubmitted for validation.                      | 10                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 11/2016                                                                           |                                                          | Part & REGU                                                                       | LATIONS Sect 1.0 - Fittings Rev. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

**New Brunswick** Nova Scotia Prince Edward Island Newfoundland and Labrador Nunavut Yukon Northwest Territories Manufacturers Name: ENDRESS+HAUSER CONDUCTA INC. Manufacturers Address: SEE ATTACHED WORLDWIDE LOCATIONS APPENDIX Plant Locations: SEE ATTACHED WORLDWIDE LOCATIONS APPENDIX Category of Fittings to be registered. Circle one Category only Title of the Standard of A Pipe fittings, including couplings, tees, elbows, Ys, plugs, unions, pipe caps, or reducers Construction B Flanges: all flanges C Valves: all line valves **ASME B31.3** D Expansion joints, flexible connections, and hose assemblies: all types **ASME B31.1** E Strainers, filters, separators, and steam traps F Measuring devices, including pressure gauges, level gauges, sight glasses, levels, or pressure transmitters 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 ☐ Class 2 ☐ Class 3 ☐ , (Meeting CNSC or ASME requirements) Show Manufacturers Name, Trademark, or Logo as it will appear on the product Type of Construction Forged Welded □ Wrought # Endress + Hauser Cast D Other # Describe other: Plastic List of supporting documentation and identification of the actual items to be registered: - DRAWINGS, CALCULATIONS, REPORTS, SCOPE OF CRN Declaration: LEONARD AMBROSINI, GENERAL MANAGER (see note 3) employed by ENDRESS+HAUSER 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 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 sas (150 9001) 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: See attached Acknowledgment Declared before me at AD Use this space for the Official Seal Commissioner of Oaths Or Notary Public: (sign) (Affix Official seal to the right) This space for Regulatory Authority useDEPT OF JUSTICE PUBLIC SAFETY This registration must be revalidated after ten (10) years from BONSER SURE VESSELACT CRN: 0F17064.5Rev1 REGISTRATION ONLY FID#; Fid-14878 Notes: All Fittings shall be registered in the name of the Manufacturer. Each Category shall be supported with two Statutory Declaration forms and one copy of supporting documentation. The Declaration shall be made by the person having full authority and responsibility for the quality of the end product. Quality Control programs shall be resubmitted for validation. Sect 1.0 - Fittings Rev.2 11/2016 BLRs ☐ PVs

FITTINGS

☐ NUCLEAR COMPONENTS

New Brunswick

|                          | New Brunswick<br>Nunavut                                                                        | Nova Scotia<br>Yukon                                                                                                  | Prince Edward Island<br>Northwest Territories                                             | Newfoundland and Labrador                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          | Manufacturers Na                                                                                | Me: ENDRESS+HAUSER CONDU                                                                                              | CTÁ INC                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                          | Manufecturers Add                                                                               | TESS: SEE ATTACHED WORLDV                                                                                             | MIDE LOCATIONS APPENDIX                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                          | Plant Locations: se                                                                             | EATTACHED WORLDWIDE LOCAT                                                                                             | TIONS APPENDIX                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                          | B Flanges: all flanges                                                                          | d nonbinds, rees, elbows, As                                                                                          | red. Circle one Category only<br>plugs, unions, pipe caps, or reducers                    | Title of the Standard of<br>Gonstruction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                          | C Valves: all line valve<br>D Expansion joints, flet                                            | oble connections and hose as                                                                                          | semblies: all types                                                                       | ASME B31.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                          | F Measuring devices, in                                                                         | BIRTOIR AND KINDER STATE                                                                                              | al gauges, sight glasses, levels, or pressure                                             | ASME B31.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                          | G Certified capacity-rate<br>bollers, pressure vess                                             |                                                                                                                       | ptable as primary over pressure protection o                                              | n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                          | N Nuclear components:                                                                           | Class 1 D Class 2 T Clas                                                                                              | E 3 T /Mading CNSC or ASME manifester                                                     | nte)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| -                        | Show Manufacturers                                                                              | Name, Trademark, or Lo                                                                                                | PRO 88 II WIII appear on the product                                                      | Type of Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                          |                                                                                                 | ess+Hauser                                                                                                            | grammy migration and the second                                                           | Cast o Other B  Describe other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -                        | let of eumantine de                                                                             | Attimorpholics and Ideas                                                                                              |                                                                                           | Plastic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                          | Entro o popportung ut                                                                           | schmentanou and identili                                                                                              | cation of the actual items to be regis                                                    | lared:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                          | - DRAWINGS, C                                                                                   | ALCULATIONS, RE                                                                                                       | PORTS, SCOPE OF CRN                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                          |                                                                                                 |                                                                                                                       |                                                                                           | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                          |                                                                                                 |                                                                                                                       |                                                                                           | <b>M</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                          |                                                                                                 |                                                                                                                       |                                                                                           | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| helmann                  |                                                                                                 |                                                                                                                       |                                                                                           | The second secon |
| an<br>m)<br>rat<br>fitti | knowledge represent<br>ings, and identification<br>ings is regulated by a<br>dried by sessement | quality of the end product<br>is the product for which reg<br>i markings are in accordan<br>Quality Control Program W | cs with the herein named standards. I f<br>hich extends to each plant where fabrica       | and being the person having full authority in contained in this form is true to the best of aterials of construction, pressure temperature urther declare that the manufacture of these atten occurs in whole or in part and has been this solemn declaration conscientiously                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                          |                                                                                                 | o knowning that it is of the s                                                                                        | The same succession in the control of                                                     | au.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                          | mature of Declarer:<br>clared before rife at                                                    | - free free /                                                                                                         | Sac                                                                                       | attached Acknowledgmen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                          | sday of                                                                                         | AĎ                                                                                                                    | / Use this                                                                                | space for the Official Seal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                          | mmissioper of Oaths                                                                             |                                                                                                                       |                                                                                           | The chicial Resi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Or I                     | Notary Public: (sign) _                                                                         |                                                                                                                       |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>,</b>                 | ~~~                                                                                             | (Affix Official seal to the righ                                                                                      | hij                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                          |                                                                                                 | The Th                                                                                                                | is space for Regulatory Authority use.                                                    | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CF                       | RN: <u>0F17064.5</u> Re                                                                         | ev1                                                                                                                   | ils space for Regulatory Authority use.<br>revalidated after ten (10) years from the date | e of acceptance. Newfoundland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| FIC                      | F() 44080                                                                                       |                                                                                                                       |                                                                                           | Labrador                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Not                      |                                                                                                 | ••••                                                                                                                  |                                                                                           | Service NL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1.                       |                                                                                                 | red in the name of the Manufactur                                                                                     |                                                                                           | Registered 07 17064.50 KeV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Ż.                       | Each Category shall be au                                                                       | pported with two Statutory Deciary                                                                                    | etion forms                                                                               | Date 21/07/20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| _                        | and one copy of supporting                                                                      | documentation.                                                                                                        |                                                                                           | Engineering and Inspection Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 3.                       | The Declaration shall be me<br>responsibility for the quality                                   | ade by the person having full suff                                                                                    | hority and                                                                                | Registered by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 4.                       |                                                                                                 | or the end product.                                                                                                   |                                                                                           | UNDER THE AUTHORITY OF THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                          | 11/2018                                                                                         |                                                                                                                       |                                                                                           | PUBLIC SAFÉTY ACT AND THE BOILER, PRESSU REPORTS REYZAND COMPRESSED GAS REGULATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

New Brunswick Nova Scotia Prince Edward Island Newfoundland and Labrador Nunavut Yukon Northwest Territories Manufacturers Name: ENDRESS+HAUSER CONDUCTA INC. Manufacturers Address: SEE ATTACHED WORLDINGE LOCATIONS APPENDIX Plant Locations: SEE ATTACHED WORLDWIDE LOCATIONS APPENDIX Category of Fittings to be registered. Circle one Category only A Pipe fittings, including couplings; tees, elbows, Ys, plugs, unions, pipe caps, or reducers B Flanges; all flanges Title of the Standard of Construction Valves: all line valves Expansion joints, flexible connections, and hose assemblies: all types ASME B31.3 Strainers, filters, separators, and steam traps ASME B31.1 Measuring devices, including pressure gauges, level gauges, sight glasses, levels, or pressure G Certified capacity-rated pressure relief devices acceptable as primary over pressure protection on bollers; 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 🗆 Class 2 🗖 Class 3 🗇 (Meeting CNSC or ASME requirements) Show Manufacturers Name, Trademark, or Logo as it will appear on the product Type of Construction Forged Welded a Wrought Endress + Hauser 43 Cast D Other B Describe other. Plastic List of supporting documentation and identification of the actual items to be registered: - DRAWINGS, CALCULATIONS, REPORTS, SCOPE OF CRN LEONARD AMBROSINI, GENERAL MANAGER (see note 3) employed by ENDRESS+HAUSER and responsibility for the quality of the end product do solemnly declare that the information contained in this form is true 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 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: See attached Acknowledgment Declared before me at This day of Use this space for the Official Seal Commissioner of Oaths Or Notan Public: (sign) (Affix Official seal to the right) This space for Regulatory Authority use This registration must be revalidated after ten (10) years from the date of CRN: 0F17064.5Rev1 FID#; Fid-14878 Notes: All Fittings shall be registered in the name of the Manufacturer. 0F17064.5Y REV1 Each Category shall be supported with two Statutory Declaration forms and one copy of supporting documentation. The Declaration shall be made by the person having full authority and

07/16/2021

Fittings Rev. 2

2

11/2016

responsibility for the quality of the end product.

Quality Control programs shall be resubmitted for validation.

Prince Edward Island

New Brunswick

Nova Scotia

| New Brunswick<br>Nunsvut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Nova Scotia<br>Yukon                                                               | Prince Edward Island<br>Northwest Territories                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Newfoundlend and Labrador                                                                                                                                                                                                                                                              |
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| Manufacturers Nar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10: Endress+Hauser cond                                                            | UCTAING.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                        |
| Manufacturers Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1988: SEE ATTACHED WORLD                                                           | MAIDE LOCATIONS APPENDIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                        |
| Plant Locations: ser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ATTACHED WORLDWIDE LOCA                                                            | ATIONS APPENDIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                        |
| B Flances: all flances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Linochiada! Idas! Gidows' As                                                       | ered. Circle one Category only<br>; plugs, unions, pipe caps, or reducers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Title of the Standard of<br>Construction                                                                                                                                                                                                                                               |
| F Measuring devices, in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | bis connections, and hose a                                                        | ssembiles: all types<br>ral gauges, sight glasses, levels, or pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ASME B31.3<br>ASME B31.1                                                                                                                                                                                                                                                               |
| G Certified capacity-rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    | aptable as primary over pressure protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                        |
| Show Manufacturers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Maria Tondament and                                                                | ss 3 D . (Meeting CNSC or ASME requirements to be a light appear on the product                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                        |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ss+Hause                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Type of Construction Forged & Welded a Wrought & Cast a Other & Describe other  Plastic                                                                                                                                                                                                |
| List of characters of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    | ication of the actual items to be reals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | i iastic                                                                                                                                                                                                                                                                               |
| my knowledge represents ratings, and identification in fittings is regulated by a Coverified b | the product for which reg<br>markings are in accordan<br>uality Control Program wi | platration is sought. The dimensions, m<br>ce with the herein named standards. I<br>hich extends to each plant where fabric<br>ling suitable for that purpose and I make<br>ame force and effect as if made under o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | and being the person having full authority on contained in this form is true to the best of aterials of construction, pressure temperature further declare that the manufacture of these atton occurs in whole or in part and has been a this sciemn declaration conscientiously oath. |
| Trils day of _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ÄĎ_                                                                                | Lise this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s space for the Official Seal                                                                                                                                                                                                                                                          |
| Commissioner of Oaths<br>Or Notary Public: (sign)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | A new rest rate chings) GRSI                                                                                                                                                                                                                                                           |
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| ly knowledge represents to allings, and identification mattings is regulated by a Quartified by a Securities of the secu | the product for which reginations are in accordance talkings are in accordance talking Control Program with the control P | istration is sought. The dimensions, ma<br>ce with the herein named standards. If                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | and being the person having full authority in contained in this form is true to the best of aterials of construction, pressure temperature urther declare that the manufacture of these after occurs in whole or in part and has been this solemn declaration conscientiously saft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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Suite 600 - 2889 E 12th Ave Vancouver, BC V5M 4T5

Toll Free: 1-866-566-7233 www.technicalsafetybc.ca

TECHNICAL STANDARDS & SAFETY AUTHORITY 345 CARLINGVIEW DRIVE TORONTO ON M9W 6N9

**Date:** August 4, 2021

**Account #:** 35231 **Journal #:** 78441

Attn: TSSA

Re: Application for Design Registration

The design, as detailed in your, 0F17064.5R1-ENDRESS+HAUSER CONDUCTA INC, for a Fitting is accepted for registration as follows:

Registered To: ENDRESS + HAUSER CONDUCTA CRN: 0F17064.51

**INC** 

**Drawing #:** Scope of registration **Drawing Revision:** N/A

This design was registered based on a technical review performed by the province of initial registration in accordance with the Association of Chief Inspectors policy on reciprocal recognition of design review.

#### **Reviewer's Notes:**

Scope of registration: Renewal - Condumax CLS21/CLS21D/CLS21E Conductivity Sensors – See stamped Scope of CRN Registration.

As required by CSA B51 4.2.1, this registration expires on 08-APR-2031. This CRN is valid until the expiry date as long as the Manufacturer maintains a valid quality control program verified by an acceptable third-party agency until that date. Should the certification of the quality control program lapse before the expiry date, this registration shall become void. Any additional conditions of registration stated in TSSA CRN# 0F17064.5R1 registration shall apply to BC registration.

(PROD) 30400-20 GST #: 87391 2802 RT0001



Toll Free: 1-866-566-7233 www.technicalsafetybc.ca

Contact me if you have any questions. The invoice for registration will be forwarded under separate cover.

Janina Mihailescu

janina.mihailescu@technicalsafetybc.ca Design Administration

cc:

(PROD) 30400-20 GST #: 87391 2802 RT0001



Inspection and Technical Services
Municipal Relations
508-401York Ave
Winnipeg, Manitoba Canada R3C 0P8
T 204-945-3373 F 204-948-2089
www.fireccomm.gov.mb.ca/itsm\_main

16 July 2021

TSSA 345 Carlingview Drive Toronto, ON M9W 6N9

Dear Tanya Francis

#### Re: Reciprocal CRN Registration in Manitoba

Your application indicates that a CRN has been received in another Canadian Jurisdiction, and therefore your CRN has been registered in Manitoba as follows:

File Number: 74-R1633 CRN: 0F17064.54

Scope: SOR: Condumax CLS21 / CLS21D / CLS21E conductivity sensors

Manufacturer: Endress + Hauser Conducta Inc.

Expiry Date: 8 April 2031

Please find attached invoice for registration.

As indicated by the Regulatory Reconciliation and Cooperation Table and the Reconciliation Agreement for the Canadian Registration Number (CRN) for Pressure Equipment, a CRN issued in any Canadian Jurisdiction will be accepted for use in Manitoba.

In accordance with Steam and Pressure Plants Regulation and CSA B51, it is the manufacturer's responsibility to file a Manufacturers Data Report, including partial data reports, with our office, prior to shipping pressure equipment to Manitoba.

Please contact <a href="mailto:qasupport@gov.mb.ca">qasupport@gov.mb.ca</a> for any questions or concerns.

Inspection and Technical Services Municipal Relations 508 - 401 York Avenue, Winnipeg Manitoba R3C 0P8 T (204) 945-3373 | F (204) 948-2089



Montréal, 29 juillet 2021.

MADAME TANYA FRANCIS
TECHNICAL STANDARDS & SAFETY AUTHORITY
345 CARLINGVIEW DRIVE
TORONTO ONTARIO
CANADA M9W6N9

Fabricant: ENDRESS + HAUSER CONDUCTA INC

4123 EAST LA PALME AVE. S 200 ANAHEIM CA USA 92807

Numéro de dossier : 949211

Numéro(s) de dessin(s): PER SCOPE OF REGISTRATION

#### Objet: Enregistrement des plans et devis – Confirmation de l'enregistrement

Bonjour,

Nous vous informons que votre demande d'enregistrement de plans et devis a été traitée et que cette conception a été enregistrée sous le numéro d'enregistrement canadien (NEC\CRN) suivant : **0F17064.56.** 

Nous portons votre attention sur certaines exigences réglementaires concernant les installations sous pression, ainsi que des codes et normes qui y sont associés :

- Le fabricant doit maintenir un programme de contrôle de la qualité valide pour fabriquer un équipement selon ce NEC;
- Ce numéro d'enregistrement demeure valide tant et aussi longtemps que les paramètres de conception demeurent inchangés. Dans le cas d'accessoires, l'enregistrement est valide pour une durée de 10 ans à partir de la date d'enregistrement. Les documents de conception doivent alors être resoumis pour validation;
- Le fabricant doit nous transmettre une copie de la Déclaration de conformité du constructeur (Manufacturer's Data Report) pour chaque appareil ou chaudière fabriqué selon ce NEC dans les 30 jours suivant la signature de cette déclaration;
- Le numéro de dessin enregistré et le numéro de révision doivent être indiqués sur la déclaration de conformité pour les équipements fabriqués selon ce NEC.

Le présent avis d'approbation ne dégage pas le fabricant de ses responsabilités quant à la conception ou à la construction des équipements ou d'accessoires fabriqués selon un NEC.

Bureau d'expertise et d'homologation en équipements sous pression

Montréal

545, boul. Crémazie Est, 7ième étage Montréal (Québec) H2M 2V2 Téléphone : 514 873-6459 Sans frais : 1 866 262-2084

www.rbq.gouv.qc.ca



Direction générale de l'inspection

Montréal, le 29 juillet 2021.

MRS. TANYA FRANCIS TECHNICAL STANDARDS & SAFETY AUTHORITY 345 CARLINGVIEW DRIVE TORONTO ONTARIO CANADA M9W6N9

Manufacturer: ENDRESS + HAUSER CONDUCTA INC

4123 EAST LA PALME AVE. S 200

ANAHEIM CA USA 92807

**OUR REFERENCE: 949211** 

PER SCOPE OF REGISTRATION Design number :

#### Subject: Design registration confirmation

Hi.

We wish to inform you that your design registration application has been evaluated and that it was registered under the following Canadian Registration Number (CRN): 0F17064.56.

The following is a reminder of your obligations regarding certain requirements of the regulation respecting pressure vessels, and the referenced codes and standards:

- The manufacturer must maintain a valid quality control program to manufacture equipment according to the CRN.
- The CRN remains valid as long as there are no changes to the design calculations that might affect the pressure boundary. The design registration of fittings expires 10 years after acceptance. It must, therefore, be resubmitted for validation.
- The manufacturer shall submit a copy of the Manufacturer's Data Report to us for each equipment manufactured according to this CRN within 30 days following the signing of this report.
- The drawing number and the revision number registered under this CRN must be indicated on the Manufacturer's Data Report for equipment manufactured according to the CRN.

This notice of approval does not relieve the manufacturer of their responsibilities with respect to the design or fabrication of equipment manufactured according to this CRN.

Yours sincerely,

Bureau d'expertise et d'homologation en équipements sous pression

#### Montréal

www.rbq.gouv.qc.ca

# Statutory Declaration Registration of Fittings

| (a)     | Design Qualification LEONARD AMBROSINI                            | Endress+Hauser 🖼                                                                                                                                                         |  |  |  |
|---------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| F.      |                                                                   | (Name of applicant)                                                                                                                                                      |  |  |  |
| _       | GENERAL MANAGER                                                   | (Position eg, president, plant manager, chief eng.)                                                                                                                      |  |  |  |
| of      | ENDRESS+HAUSER CONDU                                              |                                                                                                                                                                          |  |  |  |
| ٠,      |                                                                   | (name of company)                                                                                                                                                        |  |  |  |
| Loc     | Located at SEE ATTACHED WORLDWIDE LOCATIONS APPENDIX              |                                                                                                                                                                          |  |  |  |
|         |                                                                   | (plant address)                                                                                                                                                          |  |  |  |
| do s    | solemnly declare that the fittings lis                            | ted hereunder, which are subject to the Boilers & Pressure Vessels Act:                                                                                                  |  |  |  |
| ⊠<br>Or | required:                                                         |                                                                                                                                                                          |  |  |  |
|         | are not covered by the provision code and strest data.            | ns of the ANSI/ASME codes, and are therefore constructed to comply with                                                                                                  |  |  |  |
| (b)     | Quality control of Manufa                                         | cture                                                                                                                                                                    |  |  |  |
| I fur   | ther declare the manufacture of the                               | ese fittings is controlled by a quality control program which complies with the requirements of seen verified by the following authority or authorized agency <u>SQS</u> |  |  |  |
| The     | fittings <sup>2</sup> covered by this declaration                 | n, for which I seek registration, are CATEGORY F                                                                                                                         |  |  |  |
| In st   | upport of the application, the follow<br>AWINGS, CALCULATIONS, RE | ing information, calculations and/or test data are attached:                                                                                                             |  |  |  |
| Deci    | e of                                                              | See attached acknowledgmen                                                                                                                                               |  |  |  |
| The     |                                                                   | AD/200                                                                                                                                                                   |  |  |  |
|         | *                                                                 |                                                                                                                                                                          |  |  |  |
| 2000    |                                                                   | For Official Use Only tration in Category in accordance with the Boilers and Pressure Vessels Act                                                                        |  |  |  |
| 1111    | s registration must be revalidated a                              | after ten (10) years from the date of acceptance.                                                                                                                        |  |  |  |
| Reg     | gistered Number CRN                                               | Régie du Otté de P17064.50 For the Chief Inspector Québec Date                                                                                                           |  |  |  |
|         |                                                                   | Reprovo conciliation the                                                                                                                                                 |  |  |  |

All fittings are required to be registered in the name of the Manufacturer.

Three completed copied of Statutory Declaration form together with three copies of Catalogs, drawings of Bulletins illustrating above fittings shall be

This form shall be completed and signed by the president of highest official in the manufacturing plan where the fitting is produced.

# CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 Orange                                                                                                      | . }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| On _01/29/2020 before me, _                                                                                           | Laurel Boles (Here insert name and title of the officer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| name(s)(s)are subscribed to the within he she/they executed the same in his/h                                         | factory evidence to be the person(s) whose instrument and acknowledged to me that the person(s), and that by the person(s), or the entity upon behalf of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| I certify under PENALTY OF PERJURY the foregoing paragraph is true and con                                            | LAUREL BOLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| WITNESS my hand and official seal.                                                                                    | Commission No. 2180169 NOTARY PUBLIC-CALIFORNIA ORANGE COUNTY My Comm. Expires JANUARY 16, 2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Notary Public Signature (No                                                                                           | otary Public Seal)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                       | INSTRUCTIONS FOR COMPLETING THIS FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ADDITIONAL OPTIONAL INFORMAT DESCRIPTION OF THE ATTACHED DOCUMENT                                                     | This form complies with current California statutes regarding notary wording and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                       | if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Quebec Statutory Declaration                                                                                          | as the wording does not require the California notary to violate California notary law.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (Title or description of attached document) Registration of Fittings                                                  | <ul> <li>State and County information must be the State and County where the document<br/>signer(s) personally appeared before the notary public for acknowledgment.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Title or description of attached document continued)                                                                 | <ul> <li>Date of notarization must be the date that the signer(s) personally appeared which</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Number of Pages _1 Document Date_01/29/2020                                                                           | must also be the same date the acknowledgment is completed.  The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).  Print the name(s) of document signer(s) who personally appear at the time of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| CAPACITY CLAIMED BY THE SIGNER  Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s) Other | <ul> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.</li> <li>The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.</li> <li>Signature of the notary public must match the signature on file with the office of the county clerk.</li> <li>Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.</li> <li>Indicate title or type of attached document, number of pages and date.</li> <li>Indicate the capacity claimed by the signer. If the claimed capacity is a</li> </ul> |

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

· Securely attach this document to the signed document with a staple.

www.NotaryClasses.com 800-873-9865

4123 LA PALMA AVE. ANAHEIM, CA 92807, USA



Page 1 of 2

#### **SCOPE OF CRN REGISTRATION**

#### PRODUCT DESCRIPTION

| Description<br>(Note 1)             | Design Standard                                            | Process Connections                                        | Drawings                                  | EH TI Document       |
|-------------------------------------|------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------|----------------------|
| Condumax CLS21 /<br>CLS21D / CLS21E | ASME B31.3, ASME<br>B31.1, ASME BPE,<br>ASME VIII-1 UG-101 | 1" NPT, G1 and 2" ASME BPE, ISO2852 Clamp Ferrule (Note 2) | 427148-B, 418507-A,<br>418511-A, 416395-B | TI00085C/07/EN/15.18 |

#### PRESSURE - TEMPERATURE RATINGS

| MDMT | MAWP AT 68°F | MAWP AT 275°F | NOTES |
|------|--------------|---------------|-------|
| -4°F | 246 psia     | 51 psia       | None  |

#### **MATERIALS OF CONSTRUCTION**

| PROCESS CONNECTION (NOTE 3,4)                                                    | MATERIAL            | SENSOR MATERIAL                                                                                                       | NOTES                                                          |
|----------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Type 316L Stainless Steel AS<br>(1.4404, 1.4435), UNS S316<br>GF20 (Polyethersul | 303 and PES- UNS S3 | SL Stainless Steel ASTM A479-316L, (1.4404, 1.4435),<br>603,PES-GF20 (Polyethersulfone), Graphite, Titanium<br>3.7035 | Optional process connection materials may be used. See Note 3. |

**Note 1)** This CRN Registration covers the CLS21, CLS21D and CLS21E conductivity sensors. During the lifecycle of this product it may be necessary to update the sensor electronics that have no effect on the pressure retaining ability of the sensor. When this occurs the <u>E</u> in the product code will change to <u>F</u> which is the next letter in the alphabet. This process of updating the sensor electronics may occur multiple times during lifecycle of this product and therefore as long as the pressure retaining components of the sensor do not change the last letter in the above product code has no effect on the validity of the CRN.

**Note 2)** The ASME BPE Ferrule connection shall be used with a clamp, however the assembly clamp is not part of this CRN. Pressure-Temperature ratings may be limited by the clamp type used in the joint assembly. The clamp used to complete the joint shall have its own CRN and shall have pressure-temperature ratings the same or higher than the product ratings.



4123 LA PALMA AVE. ANAHEIM, CA 92807, USA



Page 2 of 2

#### **SCOPE OF CRN REGISTRATION**

Note 3) The following additional alloys of superior or equivalent properties to those listed above are also included in the Scope of Registration:

- ASTM A182-316L
- ASTM A182-304
- ASTM A479-304
- ASTM A182-304L
- ASTM A479-304L
- ASTM A182-316
- ASTM A479-316
- ASTM B462 UNS N08020 Alloy 20
- ASTM B366 UNS N08020 Alloy 20
- ASTM B564 UNS N10276 Hastelloy C-276
- ASTM B574 UNS N10276 Hastelloy C-276
- ASTM B366 UNS N06022 Hastelloy C22
- ASTM B564 UNS N06022 Hastelloy C22
- ASTM B462 UNS N10675 Hastelloy B3
- ASTM B564 UNS N10675 Hastelloy B3
- ASTM B335 UNS N10675 Hastelloy B3
- ASTM B564 UNS N04400 Monel 400 (Limited to 100°F max. under this CRN)
- ASTM B164 UNS N04400 Monel 400 (Limited to 100°F max, under this CRN)
- ASTM B166 UNS N06600 Inconel 600
- ASTM B564 UNS N06600 Inconel 600
- ASTM B564 UNS N06625 Inconel 625
- ASTM B446 UNS N06625 Inconel 625
- ASTM B425 UNS N08825 Inconel 825
- ASTM B564 UNS N08825 Inconel 825
- ACTM A 470 LING CO4000 D. .
- ASTM A479 UNS S31803 Duplex
- ASTM A182-F51 UNS S31803 Duplex
- ASTM A479 UNS S32750 Super Duplex
- ASTM A182-F53 UNS S32750 Super Duplex
- ASTM A479 UNS S32760 Super Duplex
- ASTM A182-F55 UNS S32760 Super Duplex
- ASTM B381-F3 UNS R50550 Titanium Grade 3

(Note Titanium limited to 247°F max for ASME B31.3 Service and 173°F max. for ASME B31.1 Service under this CRN.)

**Note 4)** In accordance with ASME B31.1 para. 123.1.2(D) when this product is manufactured from a ASME B31.1 unlisted material and used under the ASME B31.1 code the facility owner must accept the use of the unlisted material.

Note 5) See Attached List of Endress+Hauser Manufacturing locations applicable to this CRN.





#### WORLDWIDE LOCATIONS APPENDIX – PAGE 1 OF 1

# ENDRESS+HAUSER CONDUCTA GMBH & CO. KG LOCATIONS & CERTIFYING AUTHORITIES

(rev. June 17, 2020)

#### Endress+Hauser Conducta GmbH & Co. KG

Dieselstrasse 24 / Postfach 100 154 70839 Gerlingen Germany ISO 9001 Certified by SQS

#### Endress+Hauser Conducta GmbH & Co. KG

Siemensstraße 2 64823 Groß-Umstadt Germany ISO 9001 Certified by SQS

#### **Endress+Hauser Conducta Waldheim**

Gewerbegebiet Richzenhain Landsberger Straße 28 04736 Waldheim Germany ISO 9001 Certified by SQS

#### Endress+Hauser Conducta, Inc.

4123 East La Palma Ave, Suite 200 Anaheim, CA 92807 United States of America ISO 9001 Certified by SQS

# Endress+Hauser Analytical Instruments (Suzhou) Co., Ltd.

No. 31 JiangTianLiLu Suzhou Industrial Park 215126 People's Republic of China ISO 9001 Certified by SQS





2202 2nd Avenue Regina, SK S4R 1K3 Canada 1 (866) 530-8599 info@tsask.ca www.tsask.ca

#### REGISTRATION OF A PRESSURE FITTING DESIGN

31-Aug-21

TSSA 345 Carlingview Drive Toronto, Ontario M9W 6N9

Attention: Tanya Francis File Number: 12184 [ 0 F]

Re: Manufacturer: Endress+Hauser Conducta Inc.

Item: Condumax CLS21 / CLS21E Sensors

Catalog or Drawing: Per Scope of Registration (08-Mar-21) & Design Report R-1117D Rev. 0

TSASK Codes and Standards Compliance has registered the design listed above in accordance with The Boiler and Pressure Vessel Act and Regulations and CSA B51. The Canadian Registration Number (CRN) is:

OF17064.53 Expiry Date: April 8, 2031

Please note that every fitting shall be constructed in strict accordance with the registered design.

Fitting registrations are required to be resubmitted for validation after ten (10) years from the registration date in accordance with CSA B51, Clause 4.2.1.

Should you require anything further, please do not hesitate to contact the Codes and Standards Compliance Office at your convenience.

Yours truly,

Athan Syrgiannis, P.Eng.

Codes and Standards Compliance

#### Remarks:

A valid quality control program must be maintained at the production facilities for the fitting registration to remain valid until the expiry date.

CRN renewal, not previously registered in Saskatchewan.

See Worldwide Locations Appendix (rev. June 17, 2020) for list of manufacturing locations.



Codes & Standards Compliance Office

2202 2nd Ave. Regina, SK S4R 1K3

PH: (306)798-7112 Toll Free: (866)530-8599 FAX: (306)787-9273 Toll Free: (866)760-9255

Email: boilerpermits@tsask.ca Website: www.tsask.ca

## Statutory Declaration (Registration of Fittings)

|                   | Declaration Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                                            |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| ı.                | LEONARD AMBROSINI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | In this space, show facsimile of                                                                                                           |
|                   | GENERAL MANAGER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | manufacturer's logo or trademark as it will appear on the fitting.                                                                         |
|                   | (company title, e.g. vice president, pla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ant manager, chief engineer)                                          |                                                                                                                                            |
|                   | (must be in a position of authority in the manufact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | turing plant where the fitting is produce                             | Endress+Hauser 🖾                                                                                                                           |
| of:               | ENDRESS+HAUSER CONDUCTA INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nufacturer)                                                           | Lifutess+fidusei                                                                                                                           |
| loc               | ated at: SEE ATTACHED WORLDWIDE L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                                                                            |
|                   | (Plant Address – Apt/Street)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (City,Pro                                                             | v) (Postal Code)                                                                                                                           |
| do<br><b>Ve</b> : | solemnly declare that the fittings listed he<br>ssel Safety Act (check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ereinunder, which are subject                                         | to the Saskatchewan Boiler and Pressure                                                                                                    |
| 0                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | which specifies the dimensions,                                                                                                            |
|                   | Materials of construction, pressure / te                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | e of recognized North American Stand<br>emperature ratings and identi | ard)                                                                                                                                       |
| C                 | Are not covered by the provisions of a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | a recognized North American                                           | standard and are therefore manufactured                                                                                                    |
|                   | to comply with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | as supported by the attached                                                                                                               |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | ssure / temperature ratings and the basis                                                                                                  |
|                   | for such ratings, and the marking of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ne fittings for identification.                                       |                                                                                                                                            |
|                   | recently to the oldlog oldridging. The                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | intuings covered by this decial                                       | ation, for which I seek registration, are                                                                                                  |
| n s               | regory F upport of this application, the following in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | formation, calculations and /                                         |                                                                                                                                            |
| n s               | upport of this application, the following in AWINGS, CALCULATIONS, REP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | formation, calculations and /                                         | or test data are attached:                                                                                                                 |
| n s               | Declaration  CLARED before me at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | formation, calculations and /                                         | or test data are attached:                                                                                                                 |
| n s               | upport of this application, the following in AWINGS, CALCULATIONS, REP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | formation, calculations and /                                         | or test data are attached:                                                                                                                 |
| n s<br>DF         | Declaration  CLARED before me atday of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | formation, calculations and / ORTS, SCOPE OF CRN                      | or test data are attached:                                                                                                                 |
| n s<br>DF         | Declaration  CLARED before me at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | formation, calculations and / ORTS, SCOPE OF CRN                      | or test data are attached:                                                                                                                 |
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| I.  (S            | Declaration CLARED before me at day of  gnature of Commissioner of Oaths)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | formation, calculations and / ORTS, SCOPE OF CRN                      | or test data are attached:                                                                                                                 |
| I.  (S)           | Declaration CLARED before me at day of clay of day | formation, calculations and / ORTS, SCOPE OF CRN                      | or test data are attached:                                                                                                                 |
| I.  (S)           | Declaration CLARED before me at day of clay of day | formation, calculations and / ORTS, SCOPE OF CRN                      | or test data are attached:  of  attached acknowledgment                                                                                    |
| n s<br>DF         | Declaration CLARED before me at day of  gnature of Commissioner of Oaths)  Office Use Only the best of my knowledge and belief, the application application and is accepted for registra  Technical Safety Authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | formation, calculations and / ORTS, SCOPE OF CRN  In the              | or test data are attached:  of  attached acknowledgment  the Boiler and Pressure Vessel Safety Act and  DYYYY)  (Expiry Date - MM DD YYYY) |
| I.  (S)           | Declaration CLARED before me at day of  gnature of Commissioner of Oaths)  Office Use Only the best of my knowledge and belief, the application and is accepted for registrar  Technical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | formation, calculations and / ORTS, SCOPE OF CRN  In the              | or test data are attached:  of  attached acknowledgment  the Boiler and Pressure Vessel Safety Act and                                     |
| I.  (S            | Declaration CLARED before me at day of  gnature of Commissioner of Oaths)  Office Use Only the best of my knowledge and belief, the application and the second of Saskatchevyan  Technical Safety Authority of Saskatchevyan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | formation, calculations and / ORTS, SCOPE OF CRN  In the              | or test data are attached:  of  attached acknowledgment  the Boiler and Pressure Vessel Safety Act and                                     |
| I.  (S            | Declaration  CLARED before me at  day of  gnature of Commissioner of Oaths)  Office Use Only the best of my knowledge and belief, the application B51, Clause 4.2, and is accepted for registration B51, Clause 4.2, and is accepted for registration No.  OF17064.53  OF17064.53                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | formation, calculations and / ORTS, SCOPE OF CRN  In the              | or test data are attached:  of  attached acknowledgment  the Boiler and Pressure Vessel Safety Act and                                     |

## CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | }                                                                                                                                                                                                                              |
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| County of Orange                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _ }                                                                                                                                                                                                                            |
| On _01/29/2020 before me,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Laurel Boles (Here insert name and title of the officer)                                                                                                                                                                       |
| name(s)(s)are subscribed to the within he she/they executed the same in his/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | factory evidence to be the person(s) whose instrument and acknowledged to me that ner/their authorized capacity(ies), and that by nent the person(s), or the entity upon behalf of                                             |
| I certify under PENALTY OF PERJURY the foregoing paragraph is true and co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LAUREL BOLES                                                                                                                                                                                                                   |
| WITNESS my hand and official seal.  Same Books  Notary Public Signature  (N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Commission No. 2180169 NOTARY PUBLIC-CALIFORNIA ORANGE COUNTY My Comm. Expires JANUARY 16. 2021                                                                                                                                |
| (N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | otary Public Seal)                                                                                                                                                                                                             |
| ADDITIONAL OPTIONAL INFORMAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | INSTRUCTIONS FOR COMPLETING THIS FORM  This form complies with current California statutes regarding notary wording and,                                                                                                       |
| DESCRIPTION OF THE ATTACHED DOCUMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | if needed, should be completed and attached to the document. Acknowledgments                                                                                                                                                   |
| TSA of Saskatchewa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary                                                           |
| (Title or description of attached document)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <ul> <li>State and County information must be the State and County where the document</li> </ul>                                                                                                                               |
| Registration of Fittings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | signer(s) personally appeared before the notary public for acknowledgment.                                                                                                                                                     |
| (Title or description of attached document continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ul> <li>Date of notarization must be the date that the signer(s) personally appeared which<br/>must also be the same date the acknowledgment is completed.</li> </ul>                                                         |
| Number of Pages _1 Document Date_ 01/29/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).  Print the name(s) of document signer(s) who personally appear at the time of |
| CAPACITY CLAIMED BY THE SIGNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | notarization.                                                                                                                                                                                                                  |
| ☑ Individual (s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <ul> <li>Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this</li> </ul>                                |
| ☐ Corporate Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | information may lead to rejection of document recording.                                                                                                                                                                       |
| Charles and the work has been a constraint of the constraint of th | <ul> <li>The notary seal impression must be clear and photographically reproducible.</li> <li>Impression must not cover text or lines. If seal impression smudges, re-seal if a</li> </ul>                                     |
| (Title)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sufficient area permits, otherwise complete a different acknowledgment form.                                                                                                                                                   |
| ☐ Partner(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | the county clerk.                                                                                                                                                                                                              |
| ☐ Attorney-in-Fact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Additional information is not required but could help to ensure this                                                                                                                                                           |
| ☐ Trustee(s) ☐ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | acknowledgment is not misused or attached to a different document.  Indicate title or type of attached document, number of pages and date.                                                                                     |
| Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Indicate the capacity claimed by the signer. If the claimed capacity is a                                                                                                                                                      |

corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

Securely attach this document to the signed document with a staple.

www NotaryClasses.com 800-873-9865

#### **ENDRESS+HAUSER CONDUCTA INC.**

4123 LA PALMA AVE. ANAHEIM, CA 92807, USA



# Registration No. OF17064.53 File No. 12184 Registered Date: August 31, 2021 Expiry Date: April 8, 2031 Codes & Standards Compliance Office

08-Mar-21

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#### **SCOPE OF CRN REGISTRATION**

| DDA | DIICT | DESCR | IDTION |
|-----|-------|-------|--------|
| PRU | וטטע  | DESCR |        |

| Description<br>(Note 1)             | Design Standard                                            | Process Connections                                        | Drawings                                  | EH TI Document       |
|-------------------------------------|------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------|----------------------|
| Condumax CLS21 /<br>CLS21D / CLS21E | ASME B31.3, ASME<br>B31.1, ASME BPE,<br>ASME VIII-1 UG-101 | 1" NPT, G1 and 2" ASME BPE, ISO2852 Clamp Ferrule (Note 2) | 427148-B, 418507-A,<br>418511-A, 416395-B | TI00085C/07/EN/15.18 |

#### **PRESSURE - TEMPERATURE RATINGS**

| MDMT | MAWP AT 68°F | MAWP AT 275°F | NOTES |
|------|--------------|---------------|-------|
| -4°F | 246 psia     | 51 psia       | None  |

#### MATERIALS OF CONSTRUCTION

| PROCESS CONNECTION MATERIAL (NOTE 3,4)                                                                 | SENSOR MATERIAL                                                                                                               | NOTES                                                          |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Type 316L Stainless Steel ASTM A479-316L, (1.4404, 1.4435), UNS S31603 and PES-GF20 (Polyethersulfone) | Type 316L Stainless Steel ASTM A479-316L, (1.4404, 1.4435), UNS S31603,PES-GF20 (Polyethersulfone), Graphite, Titanium 3.7035 | Optional process connection materials may be used. See Note 3. |

**Note 1)** This CRN Registration covers the CLS21, CLS21D and CLS21E conductivity sensors. During the lifecycle of this product it may be necessary to update the sensor electronics that have no effect on the pressure retaining ability of the sensor. When this occurs the  $\underline{\underline{E}}$  in the product code will change to  $\underline{\underline{F}}$  which is the next letter in the alphabet. This process of updating the sensor electronics may occur multiple times during lifecycle of this product and therefore as long as the pressure retaining components of the sensor do not change the last letter in the above product code has no effect on the validity of the CRN.

**Note 2)** The ASME BPE Ferrule connection shall be used with a clamp, however the assembly clamp is not part of this CRN. Pressure-Temperature ratings may be limited by the clamp type used in the joint assembly. The clamp used to complete the joint shall have its own CRN and shall have pressure-temperature ratings the same or higher than the product ratings.

4123 LA PALMA AVE. ANAHEIM, CA 92807, USA



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#### **SCOPE OF CRN REGISTRATION**

Note 3) The following additional alloys of superior or equivalent properties to those listed above are also included in the Scope of Registration:

- ASTM A182-316L
- ASTM A182-304
- ASTM A479-304
- ASTM A182-304L
- ASTM A479-304L
- ASTM A182-316
- ASTM A479-316
- ASTM B462 UNS N08020 Alloy 20
- ASTM B366 UNS N08020 Alloy 20
- ASTM B564 UNS N10276 Hastelloy C-276
- ASTM B574 UNS N10276 Hastelloy C-276
- ASTM B366 UNS N06022 Hastelloy C22
- ASTM B564 UNS N06022 Hastelloy C22
- ASTM B462 UNS N10675 Hastelloy B3
- ASTM B564 UNS N10675 Hastelloy B3
- ASTM B335 UNS N10675 Hastelloy B3
- ASTM B564 UNS N04400 Monel 400 (Limited to 100°F max. under this CRN)
- ASTM B164 UNS N04400 Monel 400 (Limited to 100°F max, under this CRN)
- ASTM B166 UNS N06600 Inconel 600
- ASTM B564 UNS N06600 Inconel 600
- ASTM B564 UNS N06625 Inconel 625
- ASTM B446 UNS N06625 Inconel 625
- ASTM B425 UNS N08825 Inconel 825
- ASTM B564 UNS N08825 Inconel 825
- ASTM A479 UNS S31803 Duplex
- ASTM A182-F51 UNS S31803 Duplex
- ASTM A479 UNS S32750 Super Duplex
- ASTM A182-F53 UNS S32750 Super Duplex
- ASTM A479 UNS S32760 Super Duplex
- ASTM A182-F55 UNS S32760 Super Duplex
- ASTM B381-F3 UNS R50550 Titanium Grade 3

(Note Titanium limited to 247°F max for ASME B31.3 Service and 173°F max. for ASME B31.1 Service under this CRN.)

**Note 4)** In accordance with ASME B31.1 para. 123.1.2(D) when this product is manufactured from a ASME B31.1 unlisted material and used under the ASME B31.1 code the facility owner must accept the use of the unlisted material.

Note 5) See Attached List of Endress+Hauser Manufacturing locations applicable to this CRN.





#### **WORLDWIDE LOCATIONS APPENDIX – PAGE 1 OF 1**

# ENDRESS+HAUSER CONDUCTA GMBH & CO. KG LOCATIONS & CERTIFYING AUTHORITIES

(rev. June 17, 2020)

#### Endress+Hauser Conducta GmbH & Co. KG

Dieselstrasse 24 / Postfach 100 154 70839 Gerlingen Germany ISO 9001 Certified by SQS

#### Endress+Hauser Conducta GmbH & Co. KG

Siemensstraße 2 64823 Groß-Umstadt Germany ISO 9001 Certified by SQS

#### **Endress+Hauser Conducta Waldheim**

Gewerbegebiet Richzenhain Landsberger Straße 28 04736 Waldheim Germany ISO 9001 Certified by SQS

#### Endress+Hauser Conducta, Inc.

4123 East La Palma Ave, Suite 200 Anaheim, CA 92807 United States of America ISO 9001 Certified by SQS

# Endress+Hauser Analytical Instruments (Suzhou) Co., Ltd.

No. 31 JiangTianLiLu Suzhou Industrial Park 215126 People's Republic of China ISO 9001 Certified by SQS

