

ITS ES Form 11 - Declaration of Conformity

Registration of Single or Multiple Fitting Designs within One Fitting Category

Declaration No: Unique identifier assigned by Manufacturer		Revision:	
---	--	-----------	--

Manufacturer:	(Name):	(Address):
---------------	---------	------------

Table 1 Scope of Fitting Designs

Item #	Type/Model Size	Product Description	Material of Construction	MDMT	Rated Pressure		References: Catalog (pages) or Drawing(s) (revision level included)
					At Ambient Temperature	At Maximum Temperature	
						at	
						at	
						at	
						at	

Table 2 Codes, Standards, Guidelines, and Other Applicable Documents

Item #	Titles of Code(s), Standard(s), Guidelines, or other Applicable documents	Edition/ Revision	Item #	Titles of Code(s), Standard(s), Guidelines, or other Applicable documents	Edition/ Revision

Table 3 Quality Program Verification and Manufacturing Sites (A copy from the Quality Certificate from each manufacturing site must be included)

Item #	Location(s) Plant Name and Address/Site(s)	Quality Program Certificate Number	Expiry Date	Verifying Organization

As an official of the manufacturer with authority and having responsibility for the conformity and regulatory compliance of the fittings, I hereby declare that the information and statements made in this declaration of conformity are true and accurate.

I declare under our sole responsibility, that the design, construction, certification and marking of the fitting(s) listed in Table 1, are subject to a conformity assessment process and quality program that has been verified, as described in Table 3.

I certify that the fitting(s) listed in Table 1 conform to: the provisions of the acts and regulations of the provinces and territories where the fitting(s) are registered; CSA B51; and the codes, standards, guidelines, or other applicable documents listed in Table 2.

I further declare that there is a process in place for the retention of this declaration of conformity for not less than 10 years from the issuance of the Canadian Registration Number(CRN)

Signed for and on behalf of _____
(Manufacturer) (City) (State/Province/Country)

(Name, Please Print) (Function/Title) (Signature of Declarer) (Date)