

345 Carlingview Drive Toronto, Ontario CANADA M9W 6N9 Tel.: 416.734.3300 Fax.: 416.231.1626

Toll Free: 1.877.682.8772

www.tssa.org

July 25, 2017

RALPH DAVIS MUELLER REFRIGERATION LLC 121 ROGERS ST HARTSVILLE TN 37074 US

Service Request Type.: BPV-National AB

Service Request No.: 2098694

Your Reference No.:

Registered to.: MUELLER REFRIGERATION LLC

Dear RALPH DAVIS,

Please find enclosed the original response from AB, registered under the CRN No.: 0G0314.92.

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

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

Yours truly,

Joanna Karpinski

Tel: 416-734-3377 Fax: 416-231-6183

Email: jkarpinski@tssa.org

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

July 11, 2017

Attention: Tanya Francis

Email:tfrancis@tssa.org

TECHNICAL STANDARDS & SAFETY AUTHORITY

345 CARLINGVIEW DRIVE TORONTO, ON M9W 6N9

The design submission, tracking number 2017-03776, originally received on June 20, 2017 was surveyed and accepted for registration as follows:

CRN:

0G00314.92

Accepted on: July 11, 2017

Reg Type:

Addition to Acc. Fitting

Expiry Date: March 03, 2027

Drawing No.: SEE PRODUCT SCOPE LIST

Fitting type: VALVE

Design registered in the name of : MUELLER REFRIGERATION LLC

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

As indicated on AB-41 Statutory Declaration form and submitted documentation, the code of construction is SECTION VIII, DIV. 1.

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.

Enclosed are stamped prints for your reference.

Sincerely.

LIU, XING, P. Eng.

DOP Cert. No. D00008861





In this space, show facsimile of

STATUTORY DECLARATION Registration of Fittings

l,	RALPH DAVIS	, QUALITY ASSURANCE MANAGER		manufacturer's logo or trademark as it will appear on the fitting.	
	(name of applicant)	(position title) (must be in a position o	f authority)	mr 1111	
of	MUELLER REFRIGERATION			ver"	
(name of manufacturer)					
locate	TEL TIO GETTO STITLE IT IT III			100 1	
		olant address) d hereunder, which are subject to	the Safety Co	des Act	
\checkmark	comply with the requirements of ASME SECTION VIII, DIVISION 1 (title of recognized North American Standard) which specifies the dimensions,				
	materials of construction, pressure/temperature ratings and identification marking of the fittings, or				
	are not covered by the provisions	of a recognized North American s	standard and a	are therefore manufactured	
	to comply with		as si	upported by the attached	
(title of code of construction or other applicable document)					
	data which identifies the dimensions, materials of construction, pressure/temperature ratings and the basis				
for such ratings, and the marking of the fittings for identification.					
I further declare that the manufacture of these fittings is controlled by a quality control program which has been					
verifie	d by the following authority, ASME CE	RTIFICATE OF AUTHORIZATION 'UV' #16,564 as be	eing suitable fo	or the manufacture of these	
fittings	to the stated standard. The fitting	gs covered by this declaration, for	which I seek re	egistration, are	
	CATECORYCORY	COURT DELICE DELICES			
		SSURE RELIEF DEVICES rief description of fittings)			
In sup	(7)	ng information, calculations and/or	test data are a	attached.	
		DRAWINGS; LIST OF MATERIAL STANDARDS;			
9001 0	UALITY PROGRAM CERTIFICATE; ASME CERT	FICATE; NATIONAL BOARD CERTIFICATE; CHA	RT # 526		
	11-1-1	I. T 11 a		SCIE WAS	
DECL	ARED before me at Hartsvi	le in the Irousdale, a	of <u>er</u>	messegge	
this	day of Febr	DAIN DAIN	(pro	vince or state) . STATE	
_	(M	onth) (Year)		TENNESSEE :	
(print) lestie Nest					
(21111)	(a Commissioner of Oaths or Notary F	Public)		30	
Loolie Wast and Tlaulie Chief					
(sign)	(a Commissioner of Oaths or Notary	Public)	(signature of a	pplicant)	
For Al	BSA Office Use Only:				
NOTE					
To the	best of my knowledge and belief,	the application meets the requiren	nents of the Sa	afety Codes Act and CSA	
	ard B51, Clause 4.2, and is accept	ed for registration in Category	0		
Regist	ration Number: 0 G () 0 3	14.92	Signature of the	Administrator/CCO	
Date F	Registered: 2017-07-1	Expiry Date:		Administrator/SCO)	
	mation you provide is necessary only for the a		Alberta Cafebi C	TOSO STATE OF THE	

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