

AB-41 2005-02





STATUTORY DECLARATION Registration of Fittings

In this space, show facsimile of manufacturer's logo or trademark as it will appear on the fitting.



	Marco Righi	(V)
	President	
om	pany title, e.g. vice president, plant manager, chief engineer) (must be in a position of authority)	
f	OMR Officine Meccaniche Righi S.p.A.	
	(name of manufacturer) y	
oca	ted at Zona Artigianale Loc. Cà Verde, 29011 Borgonovo V.T. (Piacenza) - Italy	· · · · · · · · · · · · · · · · · · ·
	(plant address) solemnly declare that the fittings listed hereunder, which are subject to the Safety Codes Act	
lo s che	iclemnly declare that the ritings listed neretificer, which are subject to the duties, sources care	
Ø	comply with the requirements of ASME B16.9, MSS-SP-75, Z245.11 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 standard and are there	efore manufactured to
	comply with as supported by the attached data which identifies the dimensions,	
	materials of construction, pressure/temperature ratings and the basis for such ratings, an for identification.	d the marking of the fittings
T 6.	wither declare that the manufacture of these fittings is controlled by a quality control program	which has been verified by the
	V. S. Little Car Charles	
	lowing authority, Det Norske Veritas as being stituble for the mainti- ted standard. The fittings covered by this declaration, for which I seek registration, are BU	
DE	CLARED before me at in the of	وسنسوغ بيريان فيفك فلنط مستخدم والمواوية والمتاوية والمت
	5 day of (Month) (Year)	
Ū	rint) (Signature of	Applicant)
(si	gn) (A Commissioner for Outps)	
Ed.	or Office Use Quly	
· riv.	the best of my knowledge and belief, the application meets the requirements of the Safety Colours 4.2, and is accepted for registration in Category	Codes Act and CSA Standard
Re		m/Chief Inspector of Alberta)
D	and the state of t	e: 20/4-09.40
ie insi	ormation you provide is necessary only for the administration of the programs as required by the Alberta Safety Codes Act a Pl of Repiltroffor I affactive CONFONENTS That fully m Y I are place ment of CRN DA9 164. 82	ut 154E 816.
a l	4. Harolace ment of CRN DA9 164. 82	