



LABOUR AND IMMIGRATION
Mechanical and Engineering Branch

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[204] 945-3373
[204] 948-2309 Fax
www.gov.mb.ca/labour/safety

VALVE & FITTING DESIGN REGISTRATION APPLICATION

APPLICATION CHECKLIST

HAVE YOU ENCLOSED...?

- This completed form
- Two sets of drawings/calcs/cataglogues
- If reg'd in another Jurisdiction, proof of reg'n
- Statutory Declaration for Reg'n of Fittings

Date _____

MANUFACTURER

SUBMITTED BY (IF DIFFERENT FROM MANUFACTURER)

Company Name				Name			
Mailing Address				Mailing Address			
City		Province/State	Postal Code/ZIP	City		Province/State	Postal Code/ZIP
Contact Person	Telephone	Fax	E-mail	Contact Person	Telephone	Fax	E-mail
Certificate of Authority №				Certificate of Authority №			

VALVE/FITTING DETAILS

Description		Existing CRN, if applicable	
Drawing №		Catalogue №	
Code Built to		Medium for which the valve/fitting is designed	
OFFICE USE ONLY		Jurisdictional Stamp of Acceptance	
Date Received			
Date Approved			
Our File No.			
CRN			
Remarks			