



Technical Standards and Safety Authority
14th Floor - Centre Tower
3300 Bloor Street West
Toronto, Ontario M8X 2X4
Customer Service: 1.877.682.8772
Fax: 416.231.6183
www.tssa.org

National Design Registration
Application for a CRN
Technical Standards and Safety Act
Boilers and Pressure Vessels Regulation

Date of Application (mm/dd/yyyy):
☒ Expedited Service (please attached request form)

Please indicate the type of design: ☐ Boiler ☐ Pressure Vessel ☒ Fitting
Existing CRN: OB/0527.5 (if applicable)

INTAKE GROUP
Date: 1615570 (ANT)
SR #: 1615788 (NAI)
Agent:

Section A: Submitter Company Name: <u>PUSHPAMAN FORGINGS(A DIVISION OF ECHJAY FORGINGS P.LTD.)</u> Address: <u>HONAD VILLAGE, KHALAPUR TALUKA, RAIGAD DIST</u> City/Town: <u>KHOPOLI</u> Province/State: <u>MAHARASTRA</u> Postal/Zip Code: <u>410203</u> Country: <u>INDIA</u> Telephone: <u>+91(2192)267384</u> Fax: <u>+91(2192)262327</u> Contact Name: <u>MR. SARVADAMAN DOSHI</u> E-mail: <u>echjay@echjay.com</u> Job No./Reference: Drawing/Catalog No.:	Section B: Invoicee Same as: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> D Company Name: <u>ECHJAY FORGINGS PVT. LTD.,</u> Address: <u>603/604 RAHEJA CHAMBER,NARIMAN POINT</u> City/Town: <u>MUMBAI</u> Province/State: <u>MAHARASHTRA</u> Postal/Zip Code: <u>400021</u> Country: <u>INDIA</u> Telephone: <u>+9122 40770000</u> Fax: <u>+9122 22831831</u> Contact Name: <u>Ms NALINI KOTIAN</u> E-mail: <u>nalini@echjay.com</u> Purchase Order No.:																
Acct/Cust No.: <u>A142585</u> <u>C307762</u>	Acct/Cust No.: <u>A438294</u> <u>C1685299</u>																
Section C: Owner of Design/CRN Same as: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D Company Name: Address: City/Town: Province/State: Postal/Zip Code: Country: Telephone: Fax: Contact Name: E-mail: Acct/Cust No.:	Section D: Manufacturer Same as: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C (If more then one please attach list) Company Name: Address: City/Town: Province/State: Postal/Zip Code: Country: Telephone: Fax: Contact Name: E-mail: Acct/Cust No.:																
Registration required in the following jurisdictions: <table border="0"><tr><td><input checked="" type="checkbox"/> Ontario</td><td><input checked="" type="checkbox"/> Saskatchewan</td><td><input checked="" type="checkbox"/> New Brunswick</td><td><input checked="" type="checkbox"/> Newfoundland and Labrador</td></tr><tr><td><input checked="" type="checkbox"/> British Columbia</td><td><input checked="" type="checkbox"/> Manitoba</td><td><input checked="" type="checkbox"/> Nova Scotia</td><td><input checked="" type="checkbox"/> Yukon</td></tr><tr><td><input checked="" type="checkbox"/> Alberta</td><td><input checked="" type="checkbox"/> Quebec</td><td><input checked="" type="checkbox"/> Prince Edward Island</td><td><input checked="" type="checkbox"/> Northwest Territories</td></tr><tr><td></td><td></td><td></td><td><input checked="" type="checkbox"/> Nunavut</td></tr></table>		<input checked="" type="checkbox"/> Ontario	<input checked="" type="checkbox"/> Saskatchewan	<input checked="" type="checkbox"/> New Brunswick	<input checked="" type="checkbox"/> Newfoundland and Labrador	<input checked="" type="checkbox"/> British Columbia	<input checked="" type="checkbox"/> Manitoba	<input checked="" type="checkbox"/> Nova Scotia	<input checked="" type="checkbox"/> Yukon	<input checked="" type="checkbox"/> Alberta	<input checked="" type="checkbox"/> Quebec	<input checked="" type="checkbox"/> Prince Edward Island	<input checked="" type="checkbox"/> Northwest Territories				<input checked="" type="checkbox"/> Nunavut
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			<input checked="" type="checkbox"/> Nunavut														
Deposit included: <input type="checkbox"/> CDN \$600.00 - Ontario and up to 2 additional provinces <input checked="" type="checkbox"/> CDN \$1,200.00 - Ontario and 3 or more additional provinces Cheque No. <u>Wire Transfer</u> Amount \$ <u>CDN \$1,200</u> (Deposit to be applied to the incurred fees when all jurisdictions are complete - any charges over and above deposit amount will be invoiced at that time.)																	

Return mail address: ☐ A ☒ B ☐ C Optional: Courier Collect Courier name: _____
Account No.: _____

Signed: _____ Date (mm/dd/yyyy): _____
Date: JUNE 24, 2015 (mm/dd/yyyy) Reviewing Engineer: ARK VALCIC CRN Issued: OB/0527.5R1



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



Echjay

STATUTORY DECLARATION Registration of Fittings

I, SARVADAMAN DOSHI (CHAIRMAN & MANAGING DIRECTOR)

(Name and Position, e.g. President, Plant Manager, Chief Engineer)

of PUSHAMAN FORGINGS (A DIVISION OF ECHJAY FORGINGS PVT. LTD.)

(Name of Manufacturer)

Located at HONAD VILLAGE, KHALAPUR TALUKA, RAIGAD DIST., MAHARASHTRA +91(2192)267384 +91(2192)262327
(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
CATEGORY "B" (FLANGES)-ANSI B16.5, B16.47 & MSS SP - 44

(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 9001-2000
PED, AD2000 ME which has been verified by the following authority, TUV

The items covered by this declaration, for which I seek registration, are category B (FLANGES) type fittings. In support of
this application, the following information and/or test data are attached as follows:

DIMENSIONAL STANDARDS. COPY OF PRODUCT CATALOGUE, COPIES OF CERTIFICATES

(drawings, calculations, test reports, etc.)

Declared before me at Mumbai in the _____ of _____
the 8th day of March AD 2015

Commissioner for Oaths:

Mobile: 9220150580
SHRIKANT B. DUKHIANE

B.Sc. (Hons) LL.B.

(Printed name)

ADVOCATE HIGH COURT, NOTARY
D/002, Kailash Complex, L.B.S. Marg,
Bhandup (W), Mumbai-400 078.

(Signature)

FOR OFFICE USE ONLY

To the best of my knowledge and belief, the application meets the requirements of the
Technical Standards and Safety Act, Boilers and Pressure Vessels Regulation, and
CSA Standard B51 and is accepted for registration in Category B

CRN:

0B/0527.5R/

Registered by:

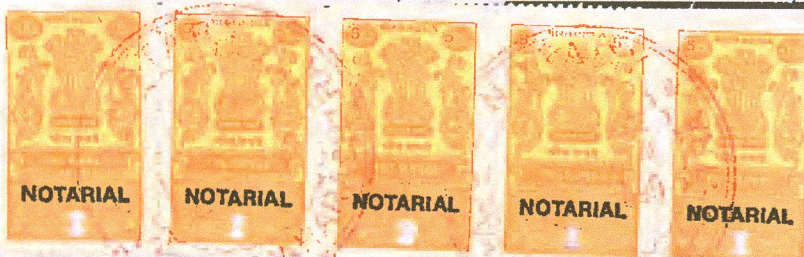
MARK VALCIC, P.Eng

Dated:

JUNE 24, 2015

NOTE: This registration expires on:

JUNE 24, 2025



NOTE: FLANGES
TO MSS SP44
SHALL BE
LIMITED UP
TO MAX. SIZE
OF 24"