

508-401 York Avenue  
 Winnipeg Manitoba Canada R3C 0P8  
 Phone: (204) 945-3373

**CRN Design Registration Application Form**

Date of Application: _____ P.O. No. or Billing Ref.: _____	<b>For Office Use Only</b> Date Received: _____ File Number: _____
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Indicate The Type Of Registration: \_\_\_\_\_

Indicate The Component Requested for Registration: \_\_\_\_\_

Indicate The Main Dwg. No./Catalogue No./Scope Of Registration No.: \_\_\_\_\_ Revision: \_\_\_\_\_

**Section A: Submitter's Information**

Company Name: _____	Address: _____
City/Town: _____	Prov./State: _____
Country: _____	Postal Code: _____
Contact Name: _____	Email & Telephone: _____
*System Description: _____	

**Section B: Manufacturer's / System Owner Information**      Same as A:

Company Name: _____	Address: _____
City/Town: _____	Prov./State: _____
Country: _____	Postal Code: _____
Contact Name: _____	Email & Telephone: _____

**Note: - Registered Documents & Invoices will be sent to the submitter upon design review completion.  
 - \*System Description is a required field for Pressure Piping Systems.**

**Documentation Requirements:**

Please Visit The Following Official Bulletin ITS20-003, For Documentation Requirements

**Note: - It is the responsibility of the application submitter to meet the electronic submission requirements.**

**Code Compliance-Latest Edition:** (Check one or both if applicable)      **CSA B51:**      **CSA B52:**

**Code of Construction:** (Specify one or more applicable codes)

Code of Construction: \_\_\_\_\_ Year of Code Edition: \_\_\_\_\_

**Note: - All designs MUST meet the requirements of the "The Steam & Pressure Plants Act" & the "Steam & Pressure Plants Regulation".**

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**Design Information:**

MAWP: \_\_\_\_\_ (PSIG) Tmax: \_\_\_\_\_ (°F) MDMT: \_\_\_\_\_ (°F)

System Contents: \_\_\_\_\_

**Pressure Vessel:**

Diameter: \_\_\_\_\_ (Inches)

**Heat Exchanger:**

Heat Transfer Area: \_\_\_\_\_ (Sq.Ft)

**Boiler:**

Heat Transfer Area: \_\_\_\_\_ (Sq.Ft) Boiler HP: \_\_\_\_\_ Min. Safety Relief Valve Capacity: \_\_\_\_\_

**Fittings:**

Please select ONE fitting design category: \_\_\_\_\_

Note: - Refer to table 1 "Categories Of Fittings" in CSA B51 for description of each of the fitting categories.

- Refer to the following bulletin for applicable fitting registration exemption: ITS 20-009

**Pressure Piping:**

Aggregate Pressure Piping Volume : \_\_\_\_\_ (Cu.Ft) Certificate of Authority Number: \_\_\_\_\_

Method of Metal Joining: \_\_\_\_\_ Certificate of Authority Expiry Date: \_\_\_\_\_

WPS/BPS#s (If applicable): \_\_\_\_\_ Piping Design Approved By a Professional Engineer: \_\_\_\_\_

Note:- Refer to the following bulletin for instructions on piping registration submissions: ITS ES Guide 01

**Weld/Braze Procedures:**

Weld Procedure Spec. No.: \_\_\_\_\_ Rev. \_\_\_\_\_

Procedure Qualification Records No.: \_\_\_\_\_ Rev. \_\_\_\_\_

\_\_\_\_\_ Rev. \_\_\_\_\_

\_\_\_\_\_ Rev. \_\_\_\_\_

\_\_\_\_\_ Rev. \_\_\_\_\_

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