

Pressure Vessel CRN Supplement - Reciprocal

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This supplement form is to be completed and signed for a pressure vessel reciprocal registration.

Drawing #: _____ Revision: _____ Title: _____

CRN #: _____ Date of Initial Registration: _____

Pressure Vessel Class (Check One)

- Part Unfired Vessel

Pressure Vessel Type (Check One)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Absorber | <input type="checkbox"/> Cryogenic Transported | <input type="checkbox"/> Hyperbaric | <input type="checkbox"/> Refrigerant Liquid Receiver |
| <input type="checkbox"/> Accumulator | <input type="checkbox"/> Cushion Exp. Tank | <input type="checkbox"/> Interstage Scrubber | <input type="checkbox"/> Retort |
| <input type="checkbox"/> Absorber | <input type="checkbox"/> Deaerator | <input type="checkbox"/> Line Heater | <input type="checkbox"/> Scrubber |
| <input type="checkbox"/> Air Receiver Mounted with Machine | <input type="checkbox"/> Dehydrator | <input type="checkbox"/> Liquid Petroleum Stationary | <input type="checkbox"/> Separator |
| <input type="checkbox"/> Air Receiver Part of System | <input type="checkbox"/> Digester | <input type="checkbox"/> Liquid Petroleum Transported | <input type="checkbox"/> Spherical Vessel |
| <input type="checkbox"/> Ammonia Stationary | <input type="checkbox"/> Discharge Bottle | <input type="checkbox"/> Liquid Receiver | <input type="checkbox"/> Steam Kettle |
| <input type="checkbox"/> Ammonia Transported | <input type="checkbox"/> Domestic Hot Water Storage | <input type="checkbox"/> Nitrogen Stationary | <input type="checkbox"/> Steam Processor |
| <input type="checkbox"/> Autoclave | <input type="checkbox"/> Drum | <input type="checkbox"/> Nitrogen Transported | <input type="checkbox"/> Steam Vessel |
| <input type="checkbox"/> Blow Down Tank | <input type="checkbox"/> Dryer | <input type="checkbox"/> Oxygen Stationary | <input type="checkbox"/> Sterilizer |
| <input type="checkbox"/> Carbon Dioxide Stationary | <input type="checkbox"/> Dryer Roll | <input type="checkbox"/> Oxygen Transported | <input type="checkbox"/> Suction Bottle |
| <input type="checkbox"/> Carbon Dioxide Transported | <input type="checkbox"/> Filter | <input type="checkbox"/> Pressure Vessel Non-Specific | <input type="checkbox"/> Sulphur Dioxide Stationary |
| <input type="checkbox"/> Chemical Storage Tank | <input type="checkbox"/> Generator | <input type="checkbox"/> Propane Container | <input type="checkbox"/> Sulphur Dioxide Transported |
| <input type="checkbox"/> Chlorine Stationary | <input type="checkbox"/> High Pressure Cylinder | <input type="checkbox"/> Propane Stationary | <input type="checkbox"/> Tank |
| <input type="checkbox"/> Chlorine Transported | <input type="checkbox"/> Hydraulic Tank | <input type="checkbox"/> Propane Transported | <input type="checkbox"/> Tower (Column, etc.) |
| <input type="checkbox"/> Converter | <input type="checkbox"/> Hydrogen Storage Tank | <input type="checkbox"/> Reactor | <input type="checkbox"/> Tube Boilers with Cast Headers |
| <input type="checkbox"/> Cryogenic Stationary | <input type="checkbox"/> Hydro-pneumatic Tank | <input type="checkbox"/> Receiver | |

Design Conditions and Configuration (Complete and check applicable units)

MAWP:	_____	<input type="checkbox"/>	kPa	<input type="checkbox"/>	bar	<input type="checkbox"/>	psig
MAWT:	_____	<input type="checkbox"/>	deg C	<input type="checkbox"/>	deg F		
MDMT:	_____	<input type="checkbox"/>	deg C	<input type="checkbox"/>	deg F		
External Pressure	_____	<input type="checkbox"/>	kPa	<input type="checkbox"/>	bar	<input type="checkbox"/>	psig
Shape	_____	<input type="checkbox"/>	Cylinder	<input type="checkbox"/>	Square/ Rectangle	<input type="checkbox"/>	Irregular
Diameter	_____	<input type="checkbox"/>	mm	<input type="checkbox"/>	meters	<input type="checkbox"/>	inches <input type="checkbox"/> feet
Overall Length	_____	<input type="checkbox"/>	mm	<input type="checkbox"/>	meters	<input type="checkbox"/>	inches <input type="checkbox"/> feet
Width	_____	<input type="checkbox"/>	mm	<input type="checkbox"/>	meters	<input type="checkbox"/>	inches <input type="checkbox"/> feet
Max Volume	_____	<input type="checkbox"/>	meter ³				
Corrosion Allowance	_____	<input type="checkbox"/>	inches	<input type="checkbox"/>	mm		

Shell Material: _____

Shell Thickness: _____ inches mm

Impact test required? yes no

Head Material _____

Head Thickness _____ inches mm

Impact test required? yes no

Underground (buried) Vessel? yes no

Note: vessels with an overall length greater than 20ft must have detailed seismic and loading calculations submitted (see boiler and pressure vessel registration guide).

Type of Service (Check Applicable)

Lethal Non-Lethal Non-corrosive

Code or Standard of Design (Check One)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> ASME Section I | <input type="checkbox"/> ASME B31.1 |
| <input type="checkbox"/> ASME Section IV | <input type="checkbox"/> ASME B31.3 |
| <input type="checkbox"/> ASME Section VIII, Division 1 | <input type="checkbox"/> ASME B31.5 |
| <input type="checkbox"/> ASME Section VIII, Division 2 | <input type="checkbox"/> CSA B51 |
| <input type="checkbox"/> ASME Section VIII, Division 3 | <input type="checkbox"/> CSA B52 |
| <input type="checkbox"/> ASME PVHO-1 | <input type="checkbox"/> Other _____ |

Pressure Vessel Reciprocal Compliance Declaration

I declare that the submitted design in this application conforms to the design that has been previously registered by another Province and that documentation of previous registration is provided.

Name _____ Signature _____ Date _____