**FORM TD-1 MANUFACTURER'S CERTIFICATE OF CONFORMANCE FOR NON-RECLOSING PRESSURE RELIEF DEVICES**
**As Required by the Provisions of the ASME Boiler and**
**Pressure Vessel Code Rules, Section XIII**

Page_____ of_____

1. Manufactured by _____

2A. Table of Certification Mark stamped activation components:

| Lot # | Year Built | NB Cert. # | Qty. | Activation Component Material | Type | Size | Marked Burst or Set Pressure | Specified Temp. | Min. Net Flow Area | Certified Flow Resistance | Capacity | Date | CI Name | CI Signature |
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2B. Table of Certification Mark stamped non-reclosing pressure relief device holder or body:

| Year Built | Qty. | Holder or Body Material | Type | Size | Pin to Pin Device Identifier | Date | CI Name | CI Signature |
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3. Remarks

**CERTIFICATE OF SHOP COMPLIANCE**

By the signature of the Certified Individual (CI) noted above, we certify that the statements made in this report are correct and that all details for design, material, construction, and workmanship of the rupture disk or pin devices conform with the requirements of Section XIII of the ASME BOILER AND PRESSURE VESSEL CODE.

TD Certificate of Authorization No. _____ Expires _____

Date _____ Signed _____ Name _____
(Responsible representative) (Manufacturer)

(07/25)