

**CERTIFYING STATEMENT AND APPOINTMENT LETTER**

I have reviewed the:

|                                                                                                                                     |                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Written Practice:                                                                                                                   | CAN-CP-02P001 Revision 03                                        |
|                                                                                                                                     | (Edition Number and or Revision Number of Written Practice)      |
| NDE Procedures:                                                                                                                     | CAN-RT-14P001 Revision 05                                        |
|                                                                                                                                     | CAN-UT-14P001 Revision 04                                        |
|                                                                                                                                     | CAN-PT-14P001 Revision 06                                        |
|                                                                                                                                     | CAN-MT-14P001 Revision 07                                        |
|                                                                                                                                     | (Method and Edition Number and or Revision Number of Procedures) |
| and personnel certification records and vision examination records of all Examiners that will perform NDE at: RJV Gasfield Services |                                                                  |

For:

**Acuren Group 7450 – 18<sup>th</sup> Street. Edmonton, Alberta. T6P – 1N8**

(Name and Address of NDE Company)

It is my opinion that the specified NDE procedures are in accordance with ASME Section V requirements as referenced by the applicable construction Code and that the Written Practice complies in all respects with the requirements of the construction Code accepted Edition/Addenda of SNT-TC-1A.

Based upon my review of the above referenced documents I hereby certify that personnel performing and evaluating NDE have been qualified and certified in accordance with their employers written practice and that the demonstration of procedure(s) to the satisfaction of the AI, as required by the ASME Code, Section V, paragraph T-150, has been completed as specified within the Acuren Group Ltd. written quality system.

Therefore:

**Acuren Group Inc.**are hereby appointed  
to perform:**RT,PT,MT,UT**

(Name of NDE Company)

(RT, UT, PT, MT, ET, VT, and/or LT)

for:

**RJV Gasfield Services**

(name of manufacturer)

**APPOINTMENT OF LEVEL III EXAMINER****Thomas Levey**

(Name of Level III Examiner)

is by this statement appointed to act as the  
Level III Examiner on behalf of:**RJV Gasfield Services**

(Name of Manufacturer)

in the following  
methods:**RT,PT,MT,UT**

(RT, UT, PT, MT, ET, VT, and/or LT)

**April 1, 2014****May 30, 2016**

(Signature of Quality Control Manager)

(Date)

(Appointment Expiry Date)

**LEVEL III EXAMINER ACCEPTANCE OF APPOINTMENT**I hereby accept the appointment as indicated  
above.

(Signature of Level III Examiner)