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| **NIPPON KAIJI KYOKAI** | | **【RE-071-39】** |
| **Renewables and Environment Department** | | **Rev.3** |
| **E-Mail:** | **re@classnk.or.jp** |  |
| **FAX:** | **03-5226-2060** |  |

**Application for small wind turbine type certification （Occasional Surveillance）**

**I, undersigned applicant, am requesting a quotation under the following condition.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.** | **Applicant** | |  | | |
|  | **Date of application:** | | **(day, month, year)** | | |
|  | **Company name:** | |  | | |
|  | **Detailed Address:** | |  | | |
|  | **Name of representative:** | |  | | |
|  | **Signature:** | |  | | |
|  | **Tel:** |  | | **E-mail:** |  |
| **2.** | **Type of application** | |  | | |
|  | **Certification No.：** | |  | | |
|  | **Date of Incident/Damage：** | | **(day, month, year)**  **\*Registrant have to apply to ClassNK within one week after occurrence of incident / damage.** | | |
| **3.** | **Contact Person** | |  | | |
|  | **Company name：** | |  | | |
|  | **Address：** | |  | | |
|  | **Name of the person：** | |  | | |
|  | **Tel:** |  | | **E-mail:** |  |
| **4.** | **Note (Please check)** | |  | | |
|  | **We read “NKRE-SP-0001 Guidance for Certification of Products” and understood the contents.** | | | | |

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| **5.** | **Submitted Documents** | **\*Submit the documents through NK-PASS** | |
|  | **Checklist for applicant (Please check)** | | **Checklist for NK** |
| **1)** | **Incident / damage prompt report**   1. **Name of incident / damage** 2. **Date of incident / damage** 3. **Detailed location of incident / damage (including surrounding area)** 4. **Weather information before and after incident / damage** 5. **Contents of incident / damage** 6. **Current situation of wind turbines after incident / damage** 7. **Corresponding for incident / damage** 8. **Photograph of before and after incident / damage** | |  |
| **2)** | **Design documents related to the contents of incident / damage.** | |  |

**\*Bottom column is for use in ClassNK.**

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| **Receipt Date:** | **(d),       (m),       (y)** | | **Receipt Number:** | |  |
| **Management Representative** | | **Technical P.I.C** | | **Administrative P.I.C** | |
|  | |  | |  | |