

To: NIPPON KAIJI KYOKAI  
Maritime Education and Training Certification Department

Date: \_\_\_\_\_

**APPLICATION FOR  
CERTIFICATION OF GWO CERTIFIED TRAINING, etc.**

I, the undersigned applicant, request the NIPPON KAIJI KYOKAI, to provide the certification services as described below in accordance with the “Rules for Certification of Maritime Education & Training”.

<p>Name of training course</p>	<p> <input type="checkbox"/>BST(Basic Safety Training)  <input type="checkbox"/>BSTR(Basic Safety Training Refresher)                 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">                     {  <input type="checkbox"/>First Aid  <input type="checkbox"/>Manual Handling  <input type="checkbox"/>Fire Awareness  <input type="checkbox"/>Working at Heights  <input type="checkbox"/>Sea Survival                 </div>   <input type="checkbox"/>Electrical   <input type="checkbox"/>Hydraulics   <input type="checkbox"/>Mechanical   <input type="checkbox"/>ART-Hub   <input type="checkbox"/>ART-Nacelle   <input type="checkbox"/>SART-Hub  <input type="checkbox"/>SART-Nacelle   <input type="checkbox"/>EFA   <input type="checkbox"/>Blade Repair   <input type="checkbox"/>Installation   <input type="checkbox"/>Slinger Signaller             </p>
<p>Assessment status, etc.</p>	<p> <input type="checkbox"/> Initial Assessment     <input type="checkbox"/>Renewal (Certification No. _____ )  <input type="checkbox"/> Occasional ( _____ )  <input type="checkbox"/> Attendance to Instructor Training             </p>
<p>Name and Address</p>	<p>                 Name of Organization: _____                  Address: _____                  _____                  Training Location (Address) _____                  Type of Organization:  <input type="checkbox"/>Maritime Academy    <input type="checkbox"/>Maritime Training Centre  <input type="checkbox"/>Maritime Simulator Centre                                        <input type="checkbox"/>Ship Management Company (in-house training center)  <input type="checkbox"/>Ship owner / Manager    <input type="checkbox"/>Simulator Manufacturer  <input type="checkbox"/>Other    (Other Specify: _____ )                  Top Management:                  Name: _____    Position: _____                  Person in charge (Contact person):                  Name: _____    Position: _____                  Tel: _____    Fax: _____                  E-mail _____                  (Please fill in an appropriate organization or departmental e-mail address)             </p>
<p>Expected date for on-site assessment</p>	

Applicant & Billing Address      :as stated below     :as stated above

-Organization \_\_\_\_\_  
 -Tel. No. \_\_\_\_\_  
 -Fax No. \_\_\_\_\_  
 -Name & Position \_\_\_\_\_  
 -Signature \_\_\_\_\_

(Attachment )

*Note: Please use the latest version downloaded from ClassNK website (<http://www.classnk.or.jp/>), then fill out completely and file with ClassNK.*

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This attachment can be attached for Form MET-160-51E-00 and submitted to the NIPPON KAIJI KYOKAI (ClassNK) together with the said form.

Enclosed Documentation for the Approval of above Training Course/Programme:

<input type="checkbox"/>	Course framework
<input type="checkbox"/>	Course outline
<input type="checkbox"/>	Course schedule
<input type="checkbox"/>	Detailed teaching syllabus
<input type="checkbox"/>	Instructor manual
<input type="checkbox"/>	Examination and Assessment
<input type="checkbox"/>	Course Critique
<input type="checkbox"/>	Others

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