

To NIPPON KAIJI KYOKAI
日本海事協会 御中

Date
日付

Application for Initial Survey of Cargo Handling
Appliances during Construction* /not built under Survey*
揚貨装置初回検査申込書

We request you to carry out the Initial Survey for Cargo Handling Appliances during construction* / not built under the Society's Survey* as mentioned below.

下記揚貨装置に対する製造中*/ 製造後*の初回検査を申し込みます。

Ship's Name or Shipbuilder's Name 船名又は造船所	Hull Number 建造番号	Class Number 船級番号
Place of Tests & Examination 検査試験を行う場所		
Date of tests and Examination 検査試験年月日		

Situation and description of machinery and gear with distinguishing number or mark (if any) 識別ならびにその位置及び番号	Safe working loads (tons) 制限荷重 (トン)	Allowable Min. Angle*/Max. radius* (deg.) (m) 制限角度*/制限半径* (度) (m)	Remarks 備考

We also request you to issue the following documents marked with "X" in boxes.

X印を付した証明書の発行を申し込みます。

CG1 CG2/J2 CG2/J2(U) CG3/J3 CG3LR/J3L CG4/J4 CG5

We agree to pay all survey fees and expenses incurred in above mentioned survey.

Applicant's Signature:
申込者の署名 _____
Name of Company and
Address
申込者の名前・住所

*: Delete as appropriate
適宜削除