

Application for Approval of Firms engaged in Servicing Life-Saving Appliances

Application Date: 3 February 2025

General Information

Applicant (Company)	Name:	
	Address:	
Person in Charge	Mr./Ms.:	
Contacts	Tel:	Fax:
	E-mail:	
We hereby make an application for below; <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Periodical Assessment <input type="checkbox"/> Renewal Assessment <input type="checkbox"/> Occasional Assessment due to alteration to the items which have been approved etc.* ¹ <input type="checkbox"/> Cancellation of Approval (Approval Certificate is to be attached to this application form)* ¹ .		
Alteration/Cancellation Reason (*1)		

Service Supplier Information (Indicated in Approval Certificate and NK Website)

Name			<input type="checkbox"/> Same as applicant
Address			<input type="checkbox"/> Same as applicant
Contacts	Tel:	Fax:	
	E-mail:		
	URL:		
NK Approval No. (N/A to Initial Assessment)			

Notes

Intended Date of Field Examination	
Other Request from the Applicant	
Submission of Documents	Documents list is to be attached as necessary. - Refer to NK "Rules for Approval of Manufacturers and Service Suppliers" for necessary documents. https://www.classnk.or.jp/hp/en/rules/tech_rules.aspx - Submit two sets of documents (in case of hard copy). - Except Initial Assessment, submission of the documents partly modified since last assessment is acceptable.