

Application for Approval of Materials or Equipment with Special Specifications			
Nippon Kaiji Kyokai		<input type="checkbox"/> Type Approval <input type="checkbox"/> Approval of Manufacturing Process <input type="checkbox"/> Approval of Use <input type="checkbox"/> Approval of Prototype <input type="checkbox"/> Type Test	Date
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Renewal			
Name of applicant			
Address			
Telephone, Fax No., E-mail etc.			
<p>We hereby request approval of materials or equipment with special specifications in accordance with the requirements of the Rules for the Survey and Construction of Governmental and Naval Ships accompanied by the following data and information. This request is made on the basis that we accept the provisions of the <i>REGULATIONS FOR THE CLASSIFICATION OF GOVERNMENTAL AND NAVAL SHIPS</i>, <i>CONDITIONS OF CLASSIFICATION AND TECHNICAL SERVICES FOR GOVERNMENTAL AND NAVAL SHIPS</i> and <i>RULES FOR THE SURVEY AND CONSTRUCTION FOR GOVERNMENTAL AND NAVAL SHIPS</i> (as well as the provisions of <i>REGULATIONS FOR TECHNICAL SERVICES</i> when requesting technical services) of <i>NIPPON KAIJI KYOKAI</i>. Whether surveys are completed or not, we agree to pay all survey fees and expenses incurred as a result of the above-mentioned survey(s) and/or issuance of relevant certificate(s) within the payment term designated on your invoice.</p>			
Product name			
Type (the same type is to be stated in attached sheet)			
Particulars (or ratings) (For explosion-protected equipment, describe of explosion class, temperature class, and selection of explosion-protected construction.)			
Existing "Certificate of Approval" No.			
Existing "Certificate of Approval" Valid until			
Application standards (publishing year is also to be stated)		Basic specification	
		Special specification	
Name of manufacturer (name of works is also to be stated)			
Address of Manufacturer (Tel, Fax No., E-mail)			
Attached data	Drawings		
	Other data		
Expected date of tests			
Reference for liaison	Address,		
	Tel, Fax, E-mail		
	Name of section in charge:		
	Name of the person:		
Make public by list of approved materials and equipment		<input type="checkbox"/> Yes <input type="checkbox"/> Yes (Partial) ※ <input type="checkbox"/> No	
Remarks			

- Notes: 1. In case of shortage of space, fill out in a separate sheet(s).
 2. Check the item concerned. Take off unnecessary characters with lines.
 3. ※ If there are contents (Particulars (or ratings), Special specification, etc.) to not be public, such contents are stated in the column "Remarks".