Form 8-1

Application form for Type tests $(\Box New \Box Change \Box Renewal)$		
Nippon Kaiji Kyokai Name of applicant		Date
Address		
Telephone, Fax, E-mail etc.		
We hereby request issuance of a type test certificate for the below-described product on satisfactory completion of tests and inspection in accordance with the Rules for the Survey and Construction of Steel Ships.		
Product name		
Type (the same type is to be stated in attached sheet)		
Particulars (or ratings)		
Application standards (publishing year is also to be stated)		
Name of manufacturer (name of works is also to be stated)		
Address of Manufacturer (Tel, Fax No., E-mail)		
Attached data	Drawings	Drawing No. of main part
	Other data	
Expected date of tests		
Reference for liaison	Address, Tel, Fax, E-mail	
	Name of section in charge: Name of the person:	
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.