

GUIDANCE FOR THE CLASSIFICATION AND REGISTRY OF SHIPS

Guidance for the Classification and Registry of Ships 2018 AMENDMENT NO.3

Notice No.102 25 December 2018
Resolved by Technical Committee on 1 August 2018

ClassNK
NIPPON KAIJI KYOKAI

Notice No.102 25 December 2018

AMENDMENT TO THE GUIDANCE FOR THE CLASSIFICATION AND REGISTRY OF SHIPS

“Guidance for the classification and registry of ships” has been partly amended as follows:

Amendment 3-1

Appendix 1 APPLICATION FORMS

Application for Classification and Statutory Services during Construction (Form 1A) has been amended as follows.



Application for Classification and Statutory Services
during Construction Form 1A (13.0618.12)

APPLICATION FOR CLASSIFICATION AND STATUTORY SERVICES DURING CONSTRUCTION

To: NIPPON KAIJI KYOKAI

| | | | |
|---------------------------|--|-------------------|--|
| Application Document No.: | | Application Date: | |
|---------------------------|--|-------------------|--|

APPLICANT

| | | |
|-----------------|--|--|
| Name Address | Signature and/or Official Stamp of Applicant | |
| | Name in Block Capitals | |
| | TEL | |
| | FAX | |

We hereby request that you carry out the survey for registration and issue the certificates described in the attached Form 1A-1. This request is made on the basis that we accept the provisions of REGULATIONS FOR THE CLASSIFICATION AND REGISTRY OF SHIPS, CONDITIONS OF SERVICE FOR CLASSIFICATION OF SHIPS AND REGISTRATION OF INSTALLATIONS and REGULATIONS FOR THE ISSUE OF STATUTORY CERTIFICATES (as well as the provisions of REGULATIONS FOR TECHNICAL SERVICES when requesting technical services) of NIPPON KAIJI KYOKAI and that we allow flag authorities and authorized audit teams on board for the purpose of their assessing NIPPON KAIJI KYOKAI's compliance with applicable rules, regulations and quality standard. We agree to pay all survey fees and expenses incurred as a result of the above-mentioned survey and issuance of relevant certificate(s), regardless of whether class and/or installations are registered or not.

SHIP INFORMATION ※ Main particulars of hull and machinery are to be filled in using separate Form 1A-1.

| | | | | |
|---|---|------------------------------|--|--|
| Shipbuilder Name Address | <input type="checkbox"/> Same as applicant. (If the shipbuilder and the applicant are the same, please tick this box. In such cases, the name and address of the shipbuilder does not need to be entered.) | | Yard/Hull Number | |
| | | | "The date of building contract" ⁽¹⁾ or "the date on which the option is exercised" ⁽²⁾ | |
| | | | Optional ship? ⁽³⁾ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Prospective Owner (Ship Owner listed on the National Registry Certificate) | <input type="checkbox"/> Undecided <input type="checkbox"/> Name | | Yard/Hull Number of the first sister ship ⁽³⁾ | |
| | | | Estimated Date of Keel Laying | |
| | | | Estimated Date of Launch | |
| Proposed Flag | Port of Registry | Number & Type of Main Engine | | |
| Purpose of Ship | Gross Tonnage | MCR of Main Engine | | |
| Shore Archive ⁽⁴⁾ | <input type="checkbox"/> ClassNK / <input type="checkbox"/> Other () / <input type="checkbox"/> Undecided / <input type="checkbox"/> Not Applicable / Other Class ⁽⁵⁾ | | | |
| Navigation Area | <input type="checkbox"/> International / <input type="checkbox"/> Non-international / <input type="checkbox"/> Ocean going / <input type="checkbox"/> Non-ocean going (Please specify): | | | |
| Operating in Polar Waters | <input type="checkbox"/> Apply (<input type="checkbox"/> Category A / <input type="checkbox"/> Category B / <input type="checkbox"/> Category C) / <input type="checkbox"/> Not Apply | | | |

(1) Please enter "The date of building contract" signed between the prospective owner and the shipbuilder or "its scheduled date". In cases where the scheduled building contract date has been changed, please inform us without delay.

(2) If this ship is an optional ship, please enter "the date on which the option is exercised".

(3) If this ship is an optional ship, please check the "Yes" box and enter "The date of building contract of the first sister ship" and "Yard/Hull Number of the first sister ship".

Where: Optional ship: a series of sister ships for which the option is ultimately exercised and built to the same approved plans for the classification purposes, under a single contract for construction.

First sister ship: the first ship of a series of sister ships built to the same approved plans for the classification purposes, under a single contract for construction.

If this ship is not the optional ship, please check the "No" box.

(4) Please enter the name of shore archive (GBS-SCF) for ships subject to SOLAS Chapter II-1 Regulation 3-10 and submit an "Application for ClassNK Archive Center Service" separately if apply. If this ship is not applied, please check the "Not applicable" box.

(5) Please enter the name of other class if dual or double class.

CLASSIFICATION / INSTALLATION REGISTRATION During Construction

| | | | |
|---------------------|--|--|--|
| Classification | Classification Characters and Notations applying for | NS* | |
| | | MNS* | |
| | Descriptive Note(s) | | |
| | Notations for Guideline | <input type="checkbox"/> Environmental Awareness (EA +) <input type="checkbox"/> Exhaust Gas Cleaning System Ready (<input type="checkbox"/> EGCSR-G <input type="checkbox"/> EGCSR-F) <input type="checkbox"/> High Voltage Shore supply System (HVSS) <input type="checkbox"/> Inventory of Hazardous Materials (IHM) <input type="checkbox"/> Mechanical Vibration Awareness (MVA) <input type="checkbox"/> Noise and Vibration Comfort (NVC·) | |
| Special Description | <input type="checkbox"/> n.s. <input type="checkbox"/> n.f. <input type="checkbox"/> Other (Please specify): | | |
| Installations | <input type="checkbox"/> Safety Equipment <input type="checkbox"/> Radio Installations <input type="checkbox"/> Marine Pollution Prevention Installations <input type="checkbox"/> Crew Accommodation Arrangements (Applicable only to Japanese flag ships) | | |
| | <input type="checkbox"/> Anti-Fouling Systems <input type="checkbox"/> Ballast Water Management Installations <input type="checkbox"/> Cargo Handling Appliances | | |
| | <input type="checkbox"/> Automatic and Remote Control Systems (<input type="checkbox"/> MC <input type="checkbox"/> MO <input type="checkbox"/> MO · A <input type="checkbox"/> MO · B <input type="checkbox"/> MO · C <input type="checkbox"/> MO · D) <input type="checkbox"/> Preventive Machinery Maintenance Systems | | |
| | <input type="checkbox"/> Cargo Refrigerating Installations (<input type="checkbox"/> RMC <input type="checkbox"/> RMC · CA) <input type="checkbox"/> Navigation Bridge Systems (<input type="checkbox"/> BRS <input type="checkbox"/> BRS1 <input type="checkbox"/> BRS1A) | | |
| | <input type="checkbox"/> Integrated Fire Control Systems (<input type="checkbox"/> IFC · M <input type="checkbox"/> IFC · A <input type="checkbox"/> IFC · AM) <input type="checkbox"/> Other (Please specify): | | |
| | | | |

Attachments : ☐ Form 1A-1 ☐ Form 1A DG-BC ☐ Form 1A CG ☐ Form 1A-C ☐ Form 4A

Submit later : ☐ Form 1A-1 ☐ Form 1A DG-BC ☐ Form 1A CG ☐ Form 1A-C ☐ Form 4A

Omit to submit (Sister Ship Hull No.): ☐ Form 1A-1 ☐ Form 1A DG-BC ☐ Form 1A CG ☐ Form 1A-C ☐ Form 4A

BILLING CONTACT ※ Please complete the following only in cases where the billing contact and applicant are different.

| | | |
|-----------------|---------------------------------|--|
| Name Address | Signature and/or Official Stamp | |
| | Name in Block Capitals | |
| | TEL | |
| | FAX | |

| | | |
|---------------------|--------------|-------------|
| For NK internal use | Receipt Date | Receipt No. |
|---------------------|--------------|-------------|

Remarks:

1. Please send this form to the nearest ClassNK branch office.

2. If any of the above required items are not determined at the time of the application, please fill in the relevant columns as "Undecided".

3. If any of the information provided in this form changes or if undecided items have been determined, please inform the nearest ClassNK branch office. In cases where ClassNK deems that any of the information included in this form needs to be altered during the Classification Survey process, the applicant will be notified.

Application for Classification and Statutory Services during Construction (Form 1A-1) has been amended as follows.

ClassNK

Application for Classification and Statutory Services
during Construction Form 1A-1 (47-0418.12)

SURVEY, CERTIFICATES & MAIN PARTICULARS

| | |
|--|--|
| Date of Classification Survey Application | |
| Date of Submission | <input type="checkbox"/> Same as above / |

| | | | |
|-------------|---|---------------------|--|
| Shipbuilder | <input type="checkbox"/> Same as applicant. | Yard/Hull Number | |
|-------------|---|---------------------|--|

SURVEY AND ISSUANCE OF CERTIFICATES

※ The following information is not required for Japanese flag ships. Please submit an "APPLICATION FOR ISSUE OF CERTIFICATES (Form 4A)" separately.

| | | | | |
|---|---|--|--------------------------|--|
| Survey for Statutory Certificates and Issuance of Certificates (1) For Japanese flag ships, NK conducts surveys only. (2) For Japanese flag ships, the Japanese Government conducts surveys and issues certificate(s). (3) The combination forms of SC, SE, and SR Certificates. | Survey | Certificate | Survey | Certificate |
| | <input type="checkbox"/> | <input type="checkbox"/> Load Line (Please fill in the boxes of the main particulars of load lines.) <input type="checkbox"/> Passenger Ship Safety ⁽²⁾ <input type="checkbox"/> Cargo Ship Safety Construction <input type="checkbox"/> Cargo Ship Safety Equipment <input type="checkbox"/> Cargo Ship Safety Radio <input type="checkbox"/> Cargo Ship Safety ⁽³⁾ <input type="checkbox"/> Exemption (<input type="checkbox"/> Fixed Fire-Extinguishing System) <input type="checkbox"/> Fitness for the Carriage of Dangerous Chemicals in Bulk ⁽¹⁾ <input type="checkbox"/> Fitness for the Carriage of Liquefied Gases in Bulk | <input type="checkbox"/> | <input type="checkbox"/> Fitness for Ship Carrying Dangerous Goods ⁽¹⁾ (Please fill in the boxes of the main particulars of dangerous goods.) <input type="checkbox"/> Oil Pollution Prevention ⁽¹⁾ <input type="checkbox"/> Pollution Prevention Certificate for the Carriage of Noxious Liquid Substances in Bulk ⁽¹⁾ <input type="checkbox"/> Sewage Pollution Prevention ⁽¹⁾ <input type="checkbox"/> Air Pollution Prevention ⁽¹⁾ <input type="checkbox"/> Anti-Fouling System <input type="checkbox"/> Ballast Water Management ⁽¹⁾ <input type="checkbox"/> Grain Loading Booklet ⁽²⁾ <input type="checkbox"/> Energy Efficiency ⁽¹⁾ <input type="checkbox"/> Other (Please specify): |
| Tonnage Certificates (4) For Japanese flag ships, the Japanese Government conducts measurements and issues certificate(s). | Measurement | Certificate | | |
| | <input type="checkbox"/> | <input type="checkbox"/> International Tonnage ⁽⁴⁾ <input type="checkbox"/> PC/UMS Documentation of total volume ⁽⁴⁾ <input type="checkbox"/> Suez Canal ⁽⁴⁾ <input type="checkbox"/> National Tonnage ⁽⁴⁾ (Applicable rule:) | | |
| Assignments (5) Applicable only to Japanese flag ships. | <input type="checkbox"/> Freeboard <input type="checkbox"/> Incinerator ⁽⁵⁾ <input type="checkbox"/> Lift for Crew etc. ⁽⁵⁾ | | | |

MAIN PARTICULARS OF HULL

| | | | | |
|--|---|---|---------------|--|
| Lpp x B x D (m) | x | x | Deadweight | |
| Yard/Hull Number of Sister ship(s) ⁽¹⁾ | | | Coal Carrying | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(1) Please complete if sister ship(s) has been already registered in NK.

MAIN PARTICULARS OF MACHINERY

| | | | |
|---|---|---|--|
| Main Engine | Model | | |
| | Maximum Output ⁽¹⁾ & Revolutions per minute | | kW · PS · RPM |
| | Manufacturer Workshop | | |
| Application of Tier III NOx Regulation for Diesel Engines Installed Onboard | | | <input type="checkbox"/> Applied <input type="checkbox"/> Not Applied |
| Propeller | Number, Type & RPM | | RPM |
| | Type of Propeller Shaft, etc. | <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 1C <input type="checkbox"/> 1W <input type="checkbox"/> 2 | Preventive Maintenance Systems Alternative Survey Methods <input type="checkbox"/> PSCM <input type="checkbox"/> PSCM · A <input type="checkbox"/> APSS · O <input type="checkbox"/> APSS · W |
| Boiler <input type="checkbox"/> Main <input type="checkbox"/> Auxiliary | Number & Maximum Working Pressure ⁽¹⁾ | | MPa · kg/cm ² |
| | Manufacturer Workshop | | |
| Generator | Total Output | | kVA |
| Use of Low-flashpoint Fuel | <input type="checkbox"/> Yes (<input type="checkbox"/> Natural gas / <input type="checkbox"/> Other:) <input type="checkbox"/> No | | |
| Exhaust Gas Cleaning System | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

(1) For Japanese flagged ships, please select a SI unit.

MAIN PARTICULARS OF LOAD LINES

| | | | |
|------------------------|--|------------------|--|
| Type of Ship | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> B+ <input type="checkbox"/> B-60 <input type="checkbox"/> B-100 | Timber Freeboard | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Intended Freeboard (m) | <input type="checkbox"/> Multiple Load Line System | | |

MAXIMUM NUMBER OF PERSONS ACCOMMODATED

| | |
|---|---------------------------------------|
| Maximum Number of Persons Accommodated | Total No.: (Passenger: Crew: Other:) |
|---|---------------------------------------|

MAIN PARTICULARS OF CARGO REFRIGERATING INSTALLATIONS

※ Please complete when requesting to register refrigerating installations.

| | | | |
|---------------------|----------------|---------------------------------|----------------|
| Intended Notation | | | |
| Type of Refrigerant | Cooling System | Total Capacity of Cargo Chamber | m ³ |

Application for Classification and Statutory Services for An Existing Ship (Form 3A) has been amended as follows.

ClassNK

Application for Classification and Statutory Services for
An Existing Ship Form 3A (18.06.18.12)

**APPLICATION FOR CLASSIFICATION AND STATUTORY SERVICES
FOR AN EXISTING SHIP**

To: NIPPON KAIJI KYOKAI

| | | | |
|--------------------------|--|------------------|--|
| Application Document No. | | Application Date | |
|--------------------------|--|------------------|--|

APPLICANT

| | | |
|-----------------|---|--|
| Name Address | Signature and/or Official Stamp of Applicant | |
| | Name in Block Capitals | |
| | TEL | |
| | FAX | |

We hereby request that you carry out the survey for registration and issue the certificates described in the attached Form 3A-1. This request is made on the basis that we accept the provisions of *REGULATIONS FOR THE CLASSIFICATION AND REGISTRY OF SHIPS, CONDITIONS OF SERVICE FOR CLASSIFICATION OF SHIPS AND REGISTRATION OF INSTALLATIONS* and *REGULATIONS FOR THE ISSUE OF STATUTORY CERTIFICATES* (as well as the provisions of *REGULATIONS FOR TECHNICAL SERVICES* when requesting technical services) of NIPPON KAIJI KYOKAI and that we allow flag authorities and authorized audit teams on board for the purpose of their assessing NIPPON KAIJI KYOKAI's compliance with applicable rules, regulations and quality standard. We agree to pay all survey fees and expenses incurred as a result of the above-mentioned survey and issuance of relevant certificate(s), regardless of whether class and/or installations are registered or not.

SHIP INFORMATION ※ Main particulars of hull and machinery are to be filled in using separate Form 3A-2.

| | | | | |
|------------------------------|---|----|----------------------------|--|
| Name of Ship | | | IMO No. | |
| Shipbuilder Name | | | Date of Contract | |
| Address | | | Date of Keel Laying | |
| | | | Date of Launch | |
| Yard/Hull Number | | | Date of Completion | |
| Flag | | | Port of Registry | |
| Previous Flag | | | Previous Class | |
| Purpose of Ship | | | Gross Tonnage | |
| Survey Schedule | From | to | Survey Place | |
| Shore Archive ⁽¹⁾ | <input type="checkbox"/> ClassNK / <input type="checkbox"/> Other () / <input type="checkbox"/> Not Applicable | | Other Class ⁽²⁾ | |
| Navigation Area | <input type="checkbox"/> International / <input type="checkbox"/> Non-international / <input type="checkbox"/> Ocean going / <input type="checkbox"/> Non-ocean going (Please specify): | | | |
| Operating in Polar Waters | <input type="checkbox"/> Apply (<input type="checkbox"/> Category A / <input type="checkbox"/> Category B / <input type="checkbox"/> Category C) / <input type="checkbox"/> Not Apply | | | |

- (1) Please enter the name of shore archive (GBS-SCF) for ships subject to SOLAS Chapter II-1 Regulation 3-10 and submit an "Application for ClassNK Archive Center Service" separately if apply.
(2) Please enter the name of other class if dual or double class.

CLASSIFICATION / REGISTRATION OF INSTALLATIONS not built under the Society's Survey

| | | |
|----------------|--|--|
| Classification | Classification Characters and Notations applying for | NS MNS |
| | Descriptive Note(s) | |
| | Notations for Guideline | <input type="checkbox"/> Environmental Awareness (EA +) <input type="checkbox"/> Exhaust Gas Cleaning System Ready (<input type="checkbox"/> EGCSR-G <input type="checkbox"/> EGCSR-F) <input type="checkbox"/> High Voltage Shore supply System (HVSS) <input type="checkbox"/> Inventory of Hazardous Materials (IHM) <input type="checkbox"/> Mechanical Vibration Awareness (MVA) <input type="checkbox"/> Noise and Vibration Comfort (NVC·) |
| | Special Description | <input type="checkbox"/> n.s. <input type="checkbox"/> n.f. <input type="checkbox"/> Other (Please specify): |
| Installations | <input type="checkbox"/> Safety Equipment <input type="checkbox"/> Radio Installations <input type="checkbox"/> Marine Pollution Prevention Installations <input type="checkbox"/> Crew Accommodation Arrangements (Applicable only to Japanese flag ships) | |
| | <input type="checkbox"/> Anti-Fouling Systems (<input type="checkbox"/> AFS <input type="checkbox"/> AFS-C) <input type="checkbox"/> Ballast Water Management Installations <input type="checkbox"/> Cargo Handling Appliances | |
| | <input type="checkbox"/> Automatic and Remote Control Systems (<input type="checkbox"/> MC <input type="checkbox"/> MO <input type="checkbox"/> MO · A <input type="checkbox"/> MO · B <input type="checkbox"/> MO · C <input type="checkbox"/> MO · D) <input type="checkbox"/> Preventive Machinery Maintenance Systems | |
| | <input type="checkbox"/> Cargo Refrigerating Installations (<input type="checkbox"/> RMC <input type="checkbox"/> RMC · CA) <input type="checkbox"/> Navigation Bridge Systems (<input type="checkbox"/> BRS <input type="checkbox"/> BRS1 <input type="checkbox"/> BRS1A) | |
| | <input type="checkbox"/> Integrated Fire Control Systems (<input type="checkbox"/> IFC · M <input type="checkbox"/> IFC · A <input type="checkbox"/> IFC · AM) <input type="checkbox"/> Other (Please specify): | |

Attachments: ☐ Form 3A-1 ☐ Form 3A-2 ☐ Form 3A-3 ☐ Form 3A-4-1 ☐ Form 3A-4-2 ☐ 4A

BILLING CONTACT ※ Please complete the following only in cases where the billing contact and applicant are different.

| | | |
|-----------------|------------------------------------|--|
| Name Address | Signature and/or Official Stamp | |
| | Name in Block Capitals | |
| | FAX | |

| | | | | |
|---------------------|--------------|--|-------------|--|
| For NK internal use | Receipt Date | | Receipt No. | |
|---------------------|--------------|--|-------------|--|

Remarks:

1. Please send this form to the nearest ClassNK branch office.
2. Please attach the plans and documents stipulated in the ClassNK *Guidance for the Survey and Construction of Ships*.
3. If any of the information provided in this form changes or if undecided items have been determined, please inform the nearest ClassNK branch office.

Application for Classification and Statutory Services for An Existing Ship (Form 3A-2) has been amended as follows.

ClassNK

Application for Classification and Statutory Services for
An Existing Ship Form 3A-2 (47-0418.12)

| | | | |
|-------------|--|------------------|--|
| Shipbuilder | | Yard/Hull Number | |
|-------------|--|------------------|--|

MAIN PARTICULARS OF HULL

| | | | |
|---|--|---------------|--|
| Lpp x B x D (m) | x x | Deadweight | |
| Yard/Hull Number of Sister ship(s) ⁽¹⁾ | | Coal Carrying | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Special Rules to be Applied | <input type="checkbox"/> Part CS <input type="checkbox"/> Part P <input type="checkbox"/> Part Q <input type="checkbox"/> Part T <input type="checkbox"/> Other (Please specify) : | | |
| Fishing Ship ⁽²⁾ | Type | Restrictions | |

(1) Please complete if sister ships(s) has been already registered in NK.
(2) Applicable only to Japanese flag ships.

MAIN PARTICULARS OF MACHINERY

| | | | |
|---|---|---|--|
| Main Engine | Number, Type & Model | . . | |
| | Maximum Output ⁽¹⁾ & Revolutions per minute | kW · PS | . RPM |
| | Manufacturer Workshop | | |
| Application of Tier III NOx Regulation for Diesel Engines Installed Onboard | | <input type="checkbox"/> Applied <input type="checkbox"/> Not Applied | |
| Propeller | Number, Type & RPM | . . RPM | |
| | Type of Propeller Shaft, etc. | <input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 1C | Preventive Maintenance Systems <input type="checkbox"/> PSCM <input type="checkbox"/> PSCM · A |
| | | <input type="checkbox"/> 1W <input type="checkbox"/> 2 | Alternative Survey Methods <input type="checkbox"/> APSS · O <input type="checkbox"/> APSS · W |
| Boiler <input type="checkbox"/> Main <input type="checkbox"/> Auxiliary | Number & Maximum Working Pressure ⁽¹⁾ | . MPa · kg/cm ² | |
| | Manufacturer Workshop | | |
| Generator | Total Output | kVA | |
| Use of Low-flashpoint Fuel | <input type="checkbox"/> Yes (<input type="checkbox"/> Natural gas / <input type="checkbox"/> Other:) <input type="checkbox"/> No | | |
| Exhaust Gas Cleaning System | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

(1) For Japanese flagged ships, please select a SI unit.

MAIN PARTICULARS OF LOAD LINES

| | | | |
|------------------------|--|--|--|
| Type of Ship | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> B+ <input type="checkbox"/> B-60 <input type="checkbox"/> B-100 | Timber Freeboard | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Intended Freeboard (m) | | <input type="checkbox"/> Multiple Load Line System | |

MAXIMUM NUMBER OF PERSONS ACCOMMODATED

| | |
|--|---------------------------------------|
| Maximum Number of Persons Accommodated | Total No.: (Passenger: Crew: Other:) |
|--|---------------------------------------|

MAIN PARTICULARS OF CARGO REFRIGERATING INSTALLATIONS

※Please complete when requesting to register refrigerating installations.

| | | | |
|---------------------|----------------|---------------------------------|----------------|
| Intended Notation | | | |
| Type of Refrigerant | Cooling System | Total Capacity of Cargo Chamber | m ³ |

EFFECTIVE DATE AND APPLICATION (Amendment 3-1)

1. The effective date of the amendments is 25 December 2018.

Appendix 1 APPLICATION FORMS

Application for Surveys and Issue of Certificates (Form 2A) has been amended as follows.

ClassNK

Application for Surveys and Issue of Certificates
Form 2A (4.06.19.01)

| | | | |
|-------------|--|-----------|--|
| Ship's Name | | Class No. | |
|-------------|--|-----------|--|

(2) Installation Surveys

- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Cargo Handling Appliances (CHG) | : <input type="checkbox"/> Annual Thorough | <input type="checkbox"/> Load Test | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Automatic and Remote Control Systems(M0) | : <input type="checkbox"/> MC / <input type="checkbox"/> M0. (* A / B / C / D) (* Delete as appropriate) | | |
| | : <input type="checkbox"/> Special | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Cargo Refrigerating Installations (RMC) | : <input type="checkbox"/> Special (<input type="checkbox"/> Commence / <input type="checkbox"/> Incomplete / <input type="checkbox"/> Complete) | | |
| | <input type="checkbox"/> Annual | <input type="checkbox"/> Continuous (CRS) | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Crew Accommodation Arrangement (CAA) (Applicable only to Japanese flag ships) | : <input type="checkbox"/> Special <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Navigation Bridge System (BRS) | : <input type="checkbox"/> Special | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Preventive Machinery Maintenance Systems (PMM) | : <input type="checkbox"/> Special | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Integrated Fire Control Systems (IFC) | : <input type="checkbox"/> Special <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Hull Monitoring System (HMS) | : | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Diving Systems (DVS) | : <input type="checkbox"/> Special | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |

(3) Statutory Surveys

(*Delete as appropriate)

- | | | | |
|--|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Load Line (LL) | <input type="checkbox"/> *Initial / Renewal | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Safety Construction (SC) | <input type="checkbox"/> *Initial / Renewal <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Safety Equipment (SE) | <input type="checkbox"/> * Initial / Renewal <input type="checkbox"/> Intermediate/Periodical | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Safety Radio (SR) | <input type="checkbox"/> * Initial / Renewal | <input type="checkbox"/> Periodical | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Chemical Fitness Cert. (CHM) | <input type="checkbox"/> * Initial / Renewal <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Gas Fitness Cert. (GAS) | <input type="checkbox"/> * Initial / Renewal <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Dangerous Goods Fitness (DG) | <input type="checkbox"/> * Initial / Renewal | | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Oil Pollution Prevention (OPP) | <input type="checkbox"/> * Initial / Renewal <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Noxious Liquid Substances in Bulk (NLS) | <input type="checkbox"/> * Initial / Renewal <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Sewage Pollution Prevention (SPP) | <input type="checkbox"/> * Initial / Renewal | | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Air Pollution Prevention (APP) | <input type="checkbox"/> * Initial / Renewal <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Energy Efficiency (EE) | <input type="checkbox"/> Initial | | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Anti-Fouling System (AFS) | <input type="checkbox"/> Initial | <input type="checkbox"/> Periodical | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Ballast Water Management (BWM) | <input type="checkbox"/> * Initial / Renewal <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Fuel Oil Consumption Reporting | | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |

Remarks: The above survey items apply for HSSC certificates. Please tick the equivalent survey items for Non-HSSC certificates

(4) Other Survey(s)

- ☐ Other Survey(s) (Contents : _____)

Remarks: Periodical Survey/Audit for Classification Notation(s) of Guidelines (EA, IHM, NVC, MVA, HVS, BWTS etc.) are carried out at the occasion of Annual (A)/Intermediate (IS)/Special Survey(SS) for Classification. If you do not intend to maintain these Notation(s), please inform to our Survey Site in advance.

2. Certificate(s) to be issued (Please tick in the appropriate box(es))

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Classification Cert. | <input type="checkbox"/> Installation Registration Cert. | <input type="checkbox"/> Cargo Gear Load Test Certificate | <input type="checkbox"/> LL Certificate |
| <input type="checkbox"/> SC Certificate | <input type="checkbox"/> SE Certificate | <input type="checkbox"/> SR Certificate | <input type="checkbox"/> Exemption Cert. (_____) |
| <input type="checkbox"/> Chemical Fitness Cert. | <input type="checkbox"/> Gas Fitness Certificate | <input type="checkbox"/> Dangerous Goods Fitness Cert. | <input type="checkbox"/> OPP Certificate |
| <input type="checkbox"/> NLS Certificate | <input type="checkbox"/> SPP Certificate | <input type="checkbox"/> APP Certificate | <input type="checkbox"/> EE Certificate |
| <input type="checkbox"/> AFS Certificate | <input type="checkbox"/> BWM Certificate | <input type="checkbox"/> International Tonnage Cert. (ITC) | <input type="checkbox"/> SF Certificate (The combination forms of SC, SE and SR) |
| <input type="checkbox"/> Statement of Compliance related to Fuel Oil Consumption Reporting | | | <input type="checkbox"/> Other (_____) |

Remarks: Please submit an "APPLICATION FOR ISSUE OF CERTIFICATES (Form 4A)" separately, if LL, SC, SE, SR, SF, GAS, AFS and AFS Statement of Compliance related to Fuel Oil Consumption Reporting are to be issued to Japanese flag ships. For Statutory Certificates other than LL, SC, SE, SR, SF, GAS, AFS and AFS Statement of Compliance related to Fuel Oil Consumption Reporting for Japanese flag ships, please apply to the Japanese Government.

3. Date and Place of Survey

- (1) Place of Survey: _____
- (2) Date of Survey: _____ ETA: _____ ETD: _____
- (3) Name of Local Agent: _____ Contact Person: _____
- (Tel) _____ (Fax) _____ (E-mail) _____

4. Message (if any)

5. Supplementary note

- (1) This form is also available for Japanese flag ships.
- (2) Please attach a copy of latest SHIP INSPECTION CERTIFICATE in case of Japanese flag ships.
- The End -

EFFECTIVE DATE AND APPLICATION (Amendment 3-2)

1. The effective date of the amendments is 1 January 2019.