



Application for Shipboard Audit in accordance with ISM / ISPS Code

To NIPPON KAIJI KYOKAI () Branch/Office

1. APPLICANT

	Application No.	Application Date
Company Name Address	Person in charge (Stamp or signature)	Name of Department
Tel:	Fax:	Mobile:
IMO Company Identification Number :		E-mail:
Please enter the name and IMO No. of Company indicated on the DOC when the Applicant is different from the Company on the DOC		
Name		IMO No.

We acknowledge the provisions of "RULES FOR AUDIT AND REGISTRATION OF SAFETY MANAGEMENT SYSTEMS" and/or "RULES FOR AUDIT AND REGISTRATION OF SHIP SECURITY MANAGEMENT SYSTEMS" and "CONDITIONS OF SERVICE FOR CLASSIFICATION OF SHIPS AND REGISTRATION OF INSTALLATIONS" of NIPPON KAIJI KYOKAI (ClassNK) and request you to carry out audit(s) and to issue certificate(s) for the Shipboard Safety Management System and/or the Safety Security Management System as mentioned below:
We ensure the payment of all audit fees and expenses incurred in the below-mentioned audit(s) and/or issue of relevant certificate(s).

2. SHIPBOARD AUDIT REQUEST

Audit	Interim	Initial	Interme- diate	Renewal	Additional	Remarks
ISM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Change of: <input type="checkbox"/> Company <input type="checkbox"/> Flag <input type="checkbox"/> RO/RSO
ISPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Others ()
Date of Audit:						ETA/ETB:
Port of Audit:						ETD:

3. PARTICULARS OF SHIP

Name of Ship					
Flag				Port of Registry	
IMO No.				Class & Class No.	
Type of ship (to be indicated on the copy of valid DOC placed onboard)					
<input type="checkbox"/> Passenger ship		<input type="checkbox"/> Bulk carrier		<input type="checkbox"/> Gas carrier	
<input type="checkbox"/> Passenger high-speed craft		<input type="checkbox"/> Oil tanker		<input type="checkbox"/> Mobile offshore drilling unit	
<input type="checkbox"/> Cargo high-speed craft		<input type="checkbox"/> Chemical tanker		<input type="checkbox"/> Other cargo ship	
What language is to be used at the audit? English other ()					
ISM	Title Shipboard SMS Manual:			Date of latest revision:	
	Appointed Person by the Company to accompany the auditor <input type="checkbox"/> from ashore <input type="checkbox"/> Master <input type="checkbox"/> C/E <input type="checkbox"/> C/O <input type="checkbox"/> other ()				
	When was Internal Audit carried out? :				
ISPS	SSP: <input type="checkbox"/> Approved by / <input type="checkbox"/> Submitted to				
	SSO: Name / Title / Training body:				

4. AGENT / LOCAL AGENT

Company Name Address	Person in charge	
Tel:	Fax:	Mobile:
		E-mail:

Application No.	
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5. ATTACHED DOCUMENTS(S)

Common for ISM & ISPS	<input type="checkbox"/> a copy of (Provisional) Certificate of Registry (To be attached in the case of Non-NK Class ship)
	<input type="checkbox"/> a copy of the DOC (To be attached in the case of DOC issued by other than ClassNK)
	<input type="checkbox"/> a copy of the “Ship Inspection Certificate” (To be attached in the case of Japanese flag ship)
ISPS Audit	<input type="checkbox"/> a copy of the SMC (To be attached in the case of SMC issued by other than ClassNK)
	<input type="checkbox"/> a copy of “Certificate of proficiency” for SSO (STCW Reg. VI/5)
	<input type="checkbox"/> a copy of “Continuous Synopsis Record (CSR)” (To be attached in the case of Japanese flag ship)

Note: Questionnaires for Shipboard Audit (Form QSA/MS-QSA) are not required in the case of this Application.

6. BILLING CONTACT

**Please complete the following on in cases where the billing contact and the above applicant are different.*

Company Name Address		Person in charge	
		Name of Department	
Tel:		Fax:	
		E-mail:	

7. MESSAGE AREA