

APPLICATION FOR ISSUANCE OF DEADWEIGHT CERTIFICATION
(載貨重量鑑定書申込書)

DATE
 (日付) _____

TO Class NK
 (日本海事協会 御中)

Applicant's Name & Address
 (申込者の氏名及び住所)

_____ 印

_____ (TEL)

_____ (FAX)

We hereby submit an application to your Society for issuance of Deadweight Certification for the undermentioned Vessel.

(下記船舶の載貨重量鑑定書の発行を申し込みます。)

Class Number / Name of Ship (船級番号) (船名)	/
Gross Tonnage / Official Number (総トン数) (船舶番号)	/
Signal Letters / Port of Registry (信号番号) (船籍港)	/
Owner's Name & Address (船舶の所有者及び住所)	
Builder's Name & Hull Number (建造造船所及び船番)	
Requested Deadweight (MT or LT) (Metric Tons of Long Tons) (希望載貨重量 (MT or LT))	
Extremed Draught corresponds To Requested Deadweight (希望載貨重量に対応するキール下面 からの喫水)	
Light Weight (軽荷重量)	
*Title and Drawing No. of Hydrostatic Tables (排水量等曲線表の図面名称及び 図面番号) *Thickness of keel plate in the Hydrostatic Tables (上記排水量等曲線表中のキール板厚)	Title : (Drawing No. _____)
Note (備考)	