



APPLICATION FOR Type 3.2 Certificate

TO: NIPPON KAIJI KYOKAI

APPLICANT

| | | | |
|-----------------|--------|--|--|
| Name Address | | Application Document No. | |
| | | Application Date | |
| | | Signature and/or Official Stamp of Applicant | |
| | | Name in Block Capitals | |
| | | TEL | |
| | | FAX | |
| | E-mail | | |

We acknowledge the provisions of “REGULATIONS FOR TECHNICAL SERVICES” of NIPPON KAIJI KYOKAI (NK) and request you to carry out survey for appraisal, certification or other technical service described below in accordance with the foregoing regulations. We agree to pay all survey fees and expenses incurred as a result of the above-mention services regardless of whether the results of the services are acceptable or not.

MANUFACTURER (Note) Please complete the following only in cases where the manufacturer and applicant are different.

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

BILLING CONTACT (Note) 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 | |
| | | E-mail | |

OBJECT'S PARTICULARS

| | | | |
|---|--|--------------|--|
| Type of Object | | Quantity | |
| Order ID | | Total weight | |
| Grade of Material | | | |
| Intended for | | | |
| Purchaser | | | |
| Project Name | | | |
| Are these products parts of pressure equipment used in EU? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

DATE AND PLACE OF INSPECTION

| | | | |
|----------|------------|-------|--|
| Schedule | From To | Place | |
| TEL | | FAX | |

NOTE

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