		FOIII 2-7	/
Life-saving Appliances/Equipment Application for Production Test			
To: Nippon Kaiji Kyokai		Ref.No./ Date of Application	ion
Name of Applicant : Address : Phone.No./ Fax.No. : Name of the Person in Charge :			
We hereby apply for a production test and for subsequent issue of Acceptance Certificates in accordance with the Guidance for the Approval of Materials and Equipment for Marine Use of Nippon Kaiji Kyokai.			
Names/Types of Appliances/Equipment			
Type Approval by Nippon Kaiji Kyokai		☐ With type approval (Type Approval No.) ☐ Without type approval	
Particulars and Number of Appliances/Equipment			
Names of Manufacturer and Production Site			
Serial Number and Date of Manufacturer			
Purposes			
Drawings Documents Attached	Drawings		
	Documents		
Date of Tests/Inspections and Places			

Notes:

- 1. Use additional sheets if necessary.
- 2. \square Tick off where appropriate.