

APPLICATION FOR SURVEYS AND ISSUE OF CERTIFICATES (For Governmental and Naval Ships)

To: NIPPON KAIJI KYOKAI

Purchase Order No.		Application Date	
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APPLICANT

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

We hereby request that you carry out survey(s) and/or issue certificate(s) described below. This request is made on the basis that we accept the provisions of *REGULATIONS FOR THE CLASSIFICATION OF GOVERNMENTAL AND NAVAL SHIPS, CONDITIONS OF CLASSIFICATION AND TECHNICAL SERVICES FOR GOVERNMENTAL AND NAVAL SHIPS* and *RULES FOR THE SURVEY AND CONSTRUCTION FOR GOVERNMENTAL AND NAVAL SHIPS* (as well as the provisions of *REGULATIONS FOR TECHNICAL SERVICES* when requesting technical services) of NIPPON KAIJI KYOKAI. Whether surveys are completed or not, we agree to pay all survey fees and expenses incurred as a result of the above-mentioned survey(s) and/or issuance of relevant certificate(s) within the payment term designated on your invoice.

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

We ensure the payment of all survey fees and expenses incurred in the below-mentioned survey(s) and/or issue of relevant certificate(s).

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

Ship's Name: _____ Estimated G.T. _____ Class No. _____

Ship owner _____

Flag _____ Official No. _____

Purpose of Ship _____ Service Area _____

Classification NS*
 Characters and Notations applying for MNS* Automatic and Remote Control Systems(M0)

1. Survey(s) to be carried out (Please tick in the appropriate box(es))

(1) Class Maintenance Surveys

- Special Survey (SS)* No.() : Commence / Incomplete / Complete
- Intermediate Survey (IS)* : Commence / Incomplete / Complete
- Annual Survey (AS)*

* In cases where overhaul inspections of machinery and equipment subject to Continuous Machinery Survey (CMS) have been carried out, an application for CMS below is also required.

Docking Survey (DS)

Planned Machinery Surveys : Continuous Machinery Survey (CMS)* / Planned Machinery Maintenance Scheme (PMS) / Condition Based Maintenance Scheme (CBM)
 Periodical Surveys [Commence / Incomplete / Complete]

* Please confirm that all machinery and equipment whose overhaul inspections have been carried out are included in the inspection report.

Occasional Survey (OS): (Contents: _____)

(2) Other Survey(s)

- Inventory of Hazardous Material (IHM) * Initial / Renewal Additional Occasional
- Other Survey(s) (Contents: _____)

Remarks: Periodical Survey/Audit for Classification Notation(s) of Guidelines (EA, NVC, MVA, HVS, BWTS etc.) are carried out at the occasion of Annual (AS)/Intermediate (IS)/Special Survey(SS) for Classification. If you do not intend to maintain these Notation(s), please inform to ClassNK Government Ship Service Department (email: icg@classnk.or.jp) in advance.

Ship's Name		Class No.	
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2. Certificate(s) to be issued (Please tick in the appropriate box(es))

- Classification Cert.
 Other (_____)

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.

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