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| To: NIPPON KAIJI KYOKAI | Date: |  |

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| **APPLICATION FOR CERTIFICATION OF SEAFARER RECRUITMENT** **& PLACEMENT SERVICE PROVIDERS** |

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| I, the undersigned applicant, request the NIPPON KAIJI KYOKAI, to provide the certification services as described below in accordance with the “Rules for the certification of seafarer recruitment and placement service providers”.  |

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| Kind of Audit | □: Initial □: Annual □: Renewal |
| □: Occasional | (due to: ) |
| Kind of Certificate | □: Certification of MLC2006 Regulation 1.4 | □: Statement of Compliance with the MLC |
| Name and Address | Reg. 1.4 Certification No.: |  - | (No entry for Initial Audit) |
| QMS Certification No.: |  |  |
| Organization Name: |  |
|  Address: |  |
|  |  |
|  Top Management: |
| Name |  | Position |  |
|  Management Representative for Quality Management System: |
| Name |  | Position |  |
|  Person in Charge: |
| Name |  | Position |  |
| Tel. |  | Fax. |  |
| E-Mail |  |  |
|  | (Please fill in an appropriate organization or departmental e-mail address.) |
| No. of Employees | 1) Number of people |  | ( ) Persons in total |
| 2) Additional site(s) | □: No | □: Yes | ( ) site(s)(Please specify each number of site(s) separately.) |
| Expected Audit Date |  |
|  |  |  |  |  |
| Applicant &Billingaddress | □: as stated below | □: as stated above |  |  |
| - Organization |  |  |  |
| - Tel. No. |  | Fax. No. |  |
| - Name & Position |  |  |  |
| - Signature |  |

Necessary attachment;

□ Declaration for Maritime Labour compliance of the seafarer recruitment and placement service providers

□ The copy of valid license for SRPS issued by the government authority, if any.