

#### APPLICATION FOR CLASSIFICATION SERVICES DURING CONSTRUCTION

#### (For Governmental and Naval Ships)

Application Document No.:	Application Date:
	Application Date.

#### **To: NIPPON KAIJI KYOKAI**

#### APPLICANT

	Signature and/or Official Stamp of Applicant	
Name	(in Block Capitals)	
Address	TEL	
	FAX	

We hereby request your Society to carry out the survey for registration and issue the certificates described in the attached Form 1A(GS)-1. This request is made on the basis that we accept the provisions of the *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 <i>Regulations for Technical Services* when requesting technical services) of *NIPPON KAIJ KYOKAI.* We agree to pay all survey fees and expenses incurred as a result of the above-mentioned survey and issuance of relevant certificate(s), regardless of whether the class is registered or not.

SHIP INFORM	IATION 💥 Main pa	articulars of hull and ma	achinery are to be filled	in using separate	Form 1A(	GS)-1.			
Shipbuilder									
Name				Hull Number <sup>(1)</sup>	Hull Number <sup>(1)</sup>				
Address									
Audress				Date of Building	Contract	(2)			
Same as applic	ant. (If the shipbuilder and the	e applicant are the same, pl	ease tick this box.)	Date of Building	Cuntract	(2)			
Prospective Owner	Ship Owner listed on the Natio	onal Registry Certificate)			Keel La	ying			
	Construction Schedule <sup>(3)</sup>	Launch							
				Schedule	Comple	tion			
Proposed Flag		Port of Registry		Purpose of Ship					
Full Load Disp. or Gross Tonnage		Туре			MCR	kW			
Navigation Area <sup>(4)</sup>	International No	n-international	ean going □Non-oce	an going (Please sp	ecify):				
Operating in Polar V	Vaters Not Ap	ply Apply (Cate	egory A Category B	B Category C)					
If dual class, specify	other class								

(1) Please fill-up the hull Nos. of all ships included in the same building contract.

(2) Please enter the date (or scheduled date) of building contract signed between the prospective owner and the shipbuilder to be classed.

(3) In cases where sister ships will be built continuously under the same contract, please fill-up Form 1A(GS)-SIS with the schedules for the second and the latter ships to be classed.

(4) Tick all boxes applicable.

#### **CLASSIFICATION During Construction**

		Classification Characters and	NS*
	Machinery	Notations applying for	MNS* ( Automatic and Remote Control Systems(M0))
uo	/	Descriptive Note(s)	
Classification	IInH	Notations for Guideline	Environmental Awareness (EA + )     Exhaust Gas Cleaning System Ready (     EGCSR-G EGCSR-F)     High Voltage Shore supply System (HVSS)     Inventory of Hazardous Materials (IHM)     Mechanical Vibration Awareness (MVA)     Noise and Vibration Comfort (NVC· )     Other Notation ( )
		Safety Equipmen	t Radio Installations Navigation Equipment Marine Pollution Prevention Installations
	Equipment	Crew Accommod	lation Arrangements Anti-Fouling Systems Ballast Water Management Installations
	ipr	Cargo Handling /	Appliances(Please fill in the Form 1A(GS)-CG and Form 1A(GS)-C)
	⊒d∩	Integrated Fire C	Control Systems ( IFC • M IFC • A IFC • AM)
		Other (Please sp	pecify):
Attache To be s		ets to this application ed	: □ Form 1A(GS)-1 □ Form 1A(GS) DG □ Form 1A(GS) CG □ Form 1A(GS)-C □ Form 1A(GS)-SIS : □ Form 1A(GS)-1 □ Form 1A(GS) DG □ Form 1A(GS) CG □ Form 1A(GS)-C □ Form 1A(GS)-SIS
BILL	ING	CONTACT *	Please complete the following only in cases where the billing contact and applicant are different.
			Signature and/or

Name			Official Stamp	
Address			(in Block Capitals)	
	TEL		FAX	
For NK internal use		Receipt Date	Receipt No.	

Remarks:

1. Please send this form to the ClassNK Government Ship Service Department (GSS).

2. If any of the above required items are not fixed at the time of the application, please fill in the relevant columns as "TBN".

3. If any of the information provided in this form changes or if undecided items have been cleared, please inform GSS. In cases where ClassNK deems that any of the information included in this form needs to be altered during the Classification Survey process, the applicant will be notified.



#### SURVEY, CERTIFICATES **& MAIN PARTICULARS**

Date of Application Form 1A(GS) Date of Submission of this sheet

□Same as above /

Shipbuilder

Hull Nun

nber(s)

# SURVEY AND ISSUANCE OF CERTIFICATES / ATTESTATION

Same as applicant.

Requested Survey and Certificates/Attestation to be issued. ( <sup>**</sup> )The combination forms of SC, SE, and SR Certificates.	Survey	Certificate/Attestation Load Line (] include statement) (Type of freeboard: ) (Intended Freeboard(m): ) Safety Construction(SC) Safety Equipment(SE) Safety Radio(SR) Safety ( <sup>3%</sup> ) Fitness for Ship Carrying Dangerous Goods (Please fill in the boxes of the main	Survey       Certificate/Attestation         Image: Constraint of the state of the
		(Please fill in the boxes of the main particulars of dangerous goods.)	

# MAIN PARTICULARS OF HULL

Lpp x B x D (m)	х	B <sub>max</sub> :	, B <sub>mean</sub> <sup>(1)</sup> :	х	
Hull Number of					
Sister ship(s) <sup>(2)</sup>					

(1) Please enter the average width of the ship. (2) Please fill-up, if sister ship(s) has been already registered in NK.

#### MAIN PARTICULARS OF MACHINERY

Main Engine	Model									
	Maximum Out	put x Numb	per of u	nits		kW(@	min <sup>-1</sup> ) x	(		
	Manufacturer/	Workshop								
Application of Tier Onboard	III NOx Regulatio	n for Diesel	Engines	Installed	🗌 Арр	lied 🗌 N	ot Applied			
Reduction gears	Model: Revolution Manufacturer:				output sha	aft(min <sup>-1</sup> ):		Number o	of units:	
Thrusters	Туре								No.	of units
				Diameter Manufact	-		Number of b	lades:		
	Waterjet propulsion systems			Model: Manufact	lodel: Impeller Dia.: lanufacturer:					
	Azimuth thrusters			Model: Manufact	urer:		Diameter:			
	Type of		_	_	□ 1B □ 1C □ 1W		Preventive Maintenan	ce Systems		CM CM・A
	Propeller Shat	t, etc.		I A 🗌 1			Alternative Methods	Survey		SS • O SS • W
Generator	Total Output	ŀ	κVA	Prime	mover	Model: Manufa	cturer:	Number	of units:	
Auxiliary Boiler	Maximum Working Pressures x Number of units				MPa	х				
	Manufacturer / Workshop									
Fuel oil	(1	SO-F) 🗌 D	MX 🗌	DMA 🗌	DMZ 🗌	DMB or	Other:			
Exhaust Gas Cleaning System Fitted Not fitted										

#### MAXIMUM NUMBER OF PERSONS ACCOMMODATED

Maximum Number of	Total No.	(Crew:	Othor	)	
Persons Accommodated	I otal No.:	(Ciew.	Other:	)	



#### DG CERTIFICATE

(To be submitted where applicable)

Date of Application Form 1A(GS) Date of Submission Same as above /

Shipbuilder Hull Number(s) Same as applicant.
---

### DG CERTIFICATE

Space(s) for carrying DG	Weather Deck(Name): Compartment (Name):
Class of Dangerous Goods (1)Please complete when restrictions apply to loading of specified cargo in order to meet relevant requirements.	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$

Remarks:

In cases where it is impossible to submit this form at the same time as the application form, please make sure to submit this form before the submission of any drawings for approval (including maker drawings).



# MAIN PARTICULARS OF CARGO GEAR

(To be submitted where applicable)

Date of Application Form 1A(GS)	
Date of Submission	□Same as above /

Shipbuilder	Same as applicant.	Hull Number(s)	

# CARGO GEAR (Cranes)

Location and description with distinguishing number or mark, if any	Intended safe working load (tons) - allowable minimum angle (degrees) or allowable maximum radius (meters)			
	Load	Angle/Radius -	Dual	
			Load	Angle/Radius



# VARIOUS ATTESTATION

(To be submitted where applicable)

Date of Submission

Date of Application Form 1A(GS)

Same as above /

Shipbuilder     Hull Number(s)       Same as applicant.     Same as applicant.
--

# VARIOUS ATTESTATION

Cargo Gear Certificate etc. (1)Including Loose gear (except ropes) & Rope.	<ul> <li>Cargo Gear Book</li> <li>Cargo Gear Certificate<sup>(1)</sup></li> <li>Crane</li> <li>Ramp-way, Lift for Cargo</li> <li>Other (Please specify):</li> </ul>
Certificate of Fitness for National Regulations of Flag State (Please indicate applicable requirements in space provided.)	
Attestation of USCG	<ul> <li>Oil Pollution Prevention (33CFR Part155)</li> <li>Vapor Emission Control System (46CFR Part39)</li> <li>Other (Please specify):</li> </ul>
Certificate of Inventory of Hazardous Material (IHM)	Applicable regulation: Hong Kong Convention(HKC) EU Regulation (EU SRR)
Other	



# List of Series of vessels in the Building Contract

(To be submitted where applicable)

Date of Application Form 1A(GS)	
Date of Submission	□Same as above /

	Hull No.	Construction Schedule		
		Keel Laying	Launch	Completion
1st ship <sup>(2)</sup>				
2nd ship				
3rd ship				
4th ship				
5th ship				
6th ship				
7th ship				
8th ship				
9th ship				
10th ship				
11th ship				
12th ship				
13th ship				
14th ship				
15th ship				

Note:

(1) Please fill up the schedules of all ships to be classed, included in the same building contract.

(2) The above "1st ship" means the first ship of a series of vessels having the same design, to be built by the same builder and under single building contract.