

APPLICATION FOR SURVEYS AND ISSUE OF CERTIFICATES

To: NIPPON KAIJI KYOKAI

Application Document No.		Application Date	
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APPLICANT

Name Address	Signature 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 AND REGISTRY OF SHIPS, CONDITIONS OF SERVICE FOR CLASSIFICATION OF SHIPS AND REGISTRATION OF INSTALLATIONS and REGULATIONS FOR THE ISSUE OF STATUTORY CERTIFICATES (as well as the provisions of REGULATIONS FOR TECHNICAL SERVICES when requesting technical services) of NIPPON KAIJI KYOKAI and that we allow flag authorities and authorized audit teams on board for the purpose of their assessing NIPPON KAIJI KYOKAI's compliance with applicable rules, regulations and quality standard. 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	
	Name in Block Capitals	
TEL	FAX	E-mail

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

Ship owner _____ IMO No. _____

Flag _____ Official No. _____ Call Sign _____

Purpose of Ship _____ Service Area _____ Other Class (if Any) _____

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) : Normal Docking Survey / In-Water Survey in lieu of Docking Survey
- Propeller Shaft Survey (PS) : No.1 [Ordinary Survey / Partial Survey] [Survey once every 15 or 18* years]
Extension Surveys [Extension up to 1 year / Extension up to 3 months]
- No.2 [Ordinary Survey / Partial Survey] [Survey once every 15 or 18* years]
Extension Surveys [Extension up to 1 year / Extension up to 3 months]

Ships with the notation PSCM or PSCM·A

- : No.1 [Ordinary Survey] / [Survey once every 15 or 18* years]
Extension Surveys [Extension up to 1 year / Extension up to 3 months]
- No.2 [Ordinary Survey] / [Survey once every 15 or 18* years]
Extension Surveys [Extension up to 1 year / Extension up to 3 months]

Ships with the notation APSS·O or APSS·W

- : No.1 [Method 1 / Method 2 / Method 3] [Survey once every 15 years]
Extension Surveys [Extension up to 2.5 year / Extension up to 1 year / Extension up to 3 months]
- No.2 [Method 1 / Method 2 / Method 3] [Survey once every 15 years]
Extension Surveys [Extension up to 2.5 year / Extension up to 1 year / Extension up to 3 months]

*For non-Japanese flagged inland waterway ships.

- Boiler Survey (BS) : NO.1 NO.2 NO.3
- Planned Machinery Surveys : Continuous Machinery Survey (CMS)* Planned Machinery Maintenance Scheme (PMS) Periodical Surveys (PS)

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

Continuous Hull Survey (CHS)

Occasional Survey (OS):

(Contents: _____)

Ship's Name	Class No.
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(2) Installation Surveys

- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Cargo Handling Appliances (CHG) | : <input type="checkbox"/> Annual Thorough | <input type="checkbox"/> Load Test | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Automatic and Remote Control Systems(M0) | : <input type="checkbox"/> MC / <input type="checkbox"/> M0. (* A / B / C / D) (* Delete as appropriate) | | |
| | : <input type="checkbox"/> Special | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Cargo Refrigerating Installations (RMC) | : <input type="checkbox"/> Special [<input type="checkbox"/> Commence / <input type="checkbox"/> Incomplete / <input type="checkbox"/> Complete] | | |
| | <input type="checkbox"/> Annual | <input type="checkbox"/> Continuous (CRS) | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Crew Accommodation Arrangement (CAA) (Applicable only to Japanese flag ships) | | | |
| | : <input type="checkbox"/> Special <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Navigation Bridge System (BRS) | : <input type="checkbox"/> Special | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Preventive Machinery Maintenance Systems (PMM) | : <input type="checkbox"/> Special | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Integrated Fire Control Systems (IFC) | : <input type="checkbox"/> Special <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Hull Monitoring System (HMS) | : | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Diving Systems (DVS) | : <input type="checkbox"/> Special | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |

(3) Statutory Surveys

(*Delete as appropriate)

- | | | | |
|--|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Load Line (LL) | : <input type="checkbox"/> *Initial / Renewal | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Safety Construction (SC) | : <input type="checkbox"/> *Initial / Renewal <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Safety Equipment (SE) | : <input type="checkbox"/> * Initial / Renewal <input type="checkbox"/> Intermediate/Periodical | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Safety Radio (SR) | : <input type="checkbox"/> * Initial / Renewal | <input type="checkbox"/> Periodical | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Chemical Fitness Cert. (CHM) | : <input type="checkbox"/> * Initial / Renewal <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Gas Fitness Cert. (GAS) | : <input type="checkbox"/> * Initial / Renewal <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Dangerous Goods Fitness (DG) | : <input type="checkbox"/> * Initial / Renewal | | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Oil Pollution Prevention (OPP) | : <input type="checkbox"/> * Initial / Renewal <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Noxious Liquid Substances in Bulk (NLS) | : <input type="checkbox"/> * Initial / Renewal <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Sewage Pollution Prevention (SPP) | : <input type="checkbox"/> * Initial / Renewal | | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Air Pollution Prevention (APP) | : <input type="checkbox"/> * Initial / Renewal <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Energy Efficiency (EE) | : <input type="checkbox"/> Initial | | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Anti-Fouling System (AFS) | : <input type="checkbox"/> Initial | <input type="checkbox"/> Periodical | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Ballast Water Management (BWM) | : <input type="checkbox"/> * Initial / Renewal <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Fuel Oil Consumption Reporting | | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |

Remarks: The above survey items apply for HSSC certificates. Please tick the equivalent survey items for Non-HSSC certificates

(4) Other Survey(s)

- Other Survey(s) (Contents : _____)

Remarks: Periodical Survey/Audit for Classification Notation(s) of Guidelines (EA, IHM, 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 our Survey Site in advance.

2. Certificate(s) to be issued (Please tick in the appropriate box(es))

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Classification Cert. | <input type="checkbox"/> Installation Registration Cert. | <input type="checkbox"/> Cargo Gear Load Test Certificate | <input type="checkbox"/> LL Certificate |
| <input type="checkbox"/> SC Certificate | <input type="checkbox"/> SE Certificate | <input type="checkbox"/> SR Certificate | <input type="checkbox"/> Exemption Cert. (_____) |
| <input type="checkbox"/> Chemical Fitness Cert. | <input type="checkbox"/> Gas Fitness Certificate | <input type="checkbox"/> Dangerous Goods Fitness Cert. | <input type="checkbox"/> OPP Certificate |
| <input type="checkbox"/> NLS Certificate | <input type="checkbox"/> SPP Certificate | <input type="checkbox"/> APP Certificate | <input type="checkbox"/> EE Certificate |
| <input type="checkbox"/> AFS Certificate | <input type="checkbox"/> BWM Certificate | <input type="checkbox"/> International Tonnage Cert. (ITC) | <input type="checkbox"/> SF Certificate
(The combination forms of SC, SE and SR) |
| <input type="checkbox"/> Statement of Compliance related to Fuel Oil Consumption Reporting | | <input type="checkbox"/> Other (_____) | |

Remarks: Please submit an "APPLICATION FOR ISSUE OF CERTIFICATES (Form 4A)" separately, if LL, SC, SE, SR, SF, GAS, AFS and Statement of Compliance related to Fuel Oil Consumption Reporting are to be issued to Japanese flag ships. For Statutory Certificates other than LL, SC, SE, SR, SF, GAS, AFS and Statement of Compliance related to Fuel Oil Consumption Reporting for Japanese flag ships, please apply to the Japanese Government.

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.
 (2) Please attach a copy of latest SHIP INSPECTION CERTIFICATE in case of Japanese flag ships.