## **Application for Wind Farm Certification (Change)**

To: Nippon Kaiji Kyokai (ClassNK)		Application Date				
Applicant						
Company Name						
Address						
Title						
Name of Representative			(5	Signature)		
We hereby request that ClassNK carries out the evaluation regarding the Wind Farm Certification and issue the Statement of Compliance and its relevant reports. This request is made on the basis that we accept the NKRE-SP-0003: Wind Farm Certification Service Procedure issued by ClassNK. We agree to pay all evaluation fees and expenses, regardless of whether its certification is completed or not.						
1. Subject wind farm of the eval	uation					
Wind Farm Name						
Location (Address)						
Wind Farm Operator						
WT Manufacturer						
WT Type			N	lo. of WT		
Tower Design						
Foundation Design						
Construction Control						
2. Subject to evaluation						
No. of issued Statement						
Changes						
3. Contact details of the person	in charge					
Company Name						
Title / Name (PIC)						
TEL		E-mail				
4. Billing contact  *Please fill in if the billing contact and applicant are different. We will send the original invoice via PDF attached to an email.						
Company Name						
Address						
Name (Addressee)						
TEL		E-mail				
5. Special notes						

Remarks

1) If any of the above required items are not determined at the time of the application, please fill in the relevant columns as "Undecided".

2) If any of the information provided in this form changes or if undecided items have been determined, please inform the ClassNK.

3) In cases where ClassNK deems that any of the information included in this form needs to be altered during the Wind Farm Certification process, the applicant will be notified.

Foi	ClassNK internal use	
Receipt No.	Receipt Date	Receipt Stamp
Contro		