

Application for Wind Farm Certification (Initial)

To: Nippon Kaiji Kyokai (ClassNK)

Application Date	
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Applicant

Corporate Name			
Address			
Title			
Name of Representative			(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 *Guidelines on Wind Farm Certification* 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 evaluation

Name			
Address			
Wind Farm Operator			
WT Manufacturer			
WT Type		No. of WT	
Tower Design			
Foundation Design			
Construction Control			

2. Subject to evaluation

<input type="checkbox"/> Onshore	<input type="checkbox"/> [M1] Site conditions (Wind condition)	<input type="checkbox"/> [M2] RNA design
	<input type="checkbox"/> [M3] Support structure design (Tower)	<input type="checkbox"/> [M4] Support structure design (Foundation)
<input type="checkbox"/> Offshore (bottom fixed)		
<input type="checkbox"/> Offshore (floating)		

3. Contact details of the person in charge

Title			
Name			
TEL		E-mail	

4. Billing contact *Please complete the following only in cases where the billing contact and applicant are different.

Corporate Name			
Address			
Name of PIC			
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.

For ClassNK internal use			
Receipt No.	Receipt Date	Receptionist	Manager
Control No. for Evaluation			