

APPLICATION FOR MULTIPLE LOAD LINE CERTIFICATES

DATE : _____

TO Class NK

APPLICANT'S NAME & ADDRESS

(TEL) _____

(FAX) _____

We hereby request issue of multiple load line certificates.

Class Number / Ship's Name	/
Port of Registry	
Official Number / Signal Letters	/
Owner's Name & Address	
Operator's Name, Address & Tel / Fax No. (if different from applicant)	
Name of company responsible for receiving original documents and paying for invoices (if different from operators)	
Builder's Name & Hull Number	
Number of Certificates Corresponding to Deadweight, Summer Freeboard or Molded Draught	
Note (Reason for Application of Multiple Load Line Certificates, etc.)	