

To: NIPPON KAIJI KYOKAI

Date: _____

APPLICATION FOR CERTIFICATION OF SEAFARER RECRUITMENT & PLACEMENT SERVICE PROVIDERS

I, the undersigned applicant, request the NIPPON KAIJI KYOKAI, to provide the certification services as described below in accordance with the "Rules for the certification of seafarer recruitment and placement service providers".

Kind of Audit	<input type="checkbox"/> : Initial <input type="checkbox"/> : Annual <input type="checkbox"/> : Renewal <input type="checkbox"/> : Occasional (due to: _____)		
Kind of Certificate	<input type="checkbox"/> : Certification of MLC2006 Regulation 1.4 <input type="checkbox"/> : Statement of Compliance with the MLC		
Name and Address	Reg. 1.4 Certification No.: - (No entry for Initial Audit)		
	QMS Certification No.:		
	Organization Name: _____		
	Address: _____		
	Top Management:		
	Name _____		Position _____
	Management Representative for Quality Management System:		
	Name _____		Position _____
	Person in Charge:		
	Name _____		Position _____
Tel. _____		Fax. _____	
E-Mail _____ (Please fill in an appropriate organization or departmental e-mail address.)			
No. of Employees	1) Number of people	(_____) Persons in total	
	2) Additional site(s)	<input type="checkbox"/> : No <input type="checkbox"/> : Yes	(_____) site(s) (Please specify each number of site(s) separately.)
Expected Audit Date	_____		

Applicant & Billing address : as stated below : as stated above

- Organization _____

- Tel. No. _____ Fax. No. _____

- Name & Position _____

- Signature _____

(Attachment; Declaration for Maritime Labour compliance of the seafarer recruitment and placement service providers)

Note: Please use the latest version downloaded from ClassNK website (<http://www.classnk.or.jp/>), then fill out completely and file with ClassNK.