

To: NIPPON KAIJI KYOKAI

Date: \_\_\_\_\_

## APPLICATION FOR TRANSFER OF MANAGEMENT SYSTEM CERTIFICATION

I, the undersigned applicant, request the NIPPON KAIJI KYOKAI, to transfer management system certification from other certification body as described below in accordance with the "Rules for Certification of the Management Systems".

Name and Address of Existing Certification Body			
Applicable Standards	<input type="checkbox"/> ISO 9001:2008	<input type="checkbox"/> ISO 14001:2004	<input type="checkbox"/> OHSAS 18001:2007
	<input type="checkbox"/> JIS Q 9001:2008	<input type="checkbox"/> JIS Q 14001:2004	
	<input type="checkbox"/> ISO 9001:2015	<input type="checkbox"/> ISO 14001:2015	
	<input type="checkbox"/> JIS Q 9001:2015	<input type="checkbox"/> JIS Q 14001:2015	
Scope of Certification	(Refer to description of existing certificate)		
Name and Address of Applicant	Organization Name:		
	Address :		
	Top Management:		
	Name _____ Position _____		
	Management Representative for Management System: (when available)		
	Name _____ Position _____		
	Person in Charge:		
Name _____ Position _____			
Tel. _____ Fax. _____			
E-Mail _____ (Please fill in an appropriate organization or departmental e-mail address.)			
Additional Sites including Scope of Certification			
Expected Date of Transfer			
Contract with Consultant	<input type="checkbox"/> : No	<input type="checkbox"/> : Yes	Name of Consultant: _____

\*2;

Applicant & Billing address

: as stated below      : as stated above

- Organization \_\_\_\_\_

- Tel. No. \_\_\_\_\_ Fax. No. \_\_\_\_\_

- Name & Position \_\_\_\_\_

- Signature \_\_\_\_\_

(Attachment )

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

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Date: \_\_\_\_\_

This attachment to be submitted to the NIPPON KAIJI KYOKAI (ClassNK) together with the application form.

Kind of Certificate	In case of ISO9001	<input type="checkbox"/> Request for Certificate with <b>NK Registration Mark</b> <input type="checkbox"/> Request for Certificate with <b>NK Registration Mark and JAB Accreditation Symbol*</b> <input type="checkbox"/> Request for Certificate with <b>NK Registration Mark and RvA Accreditation Mark*</b>
	In case of ISO14001	<input type="checkbox"/> Request for Certificate with <b>NK Registration Mark</b> <input type="checkbox"/> Request for Certificate with <b>NK Registration Mark and JAB Accreditation Symbol*</b>
	In case of OHSAS18001	<input type="checkbox"/> Request for Certificate with <b>NK Registration Mark</b>
(*Products & Activities and Scope for certification to the Accreditation Board (JAB) and (RvA) are limited to the extent of their accredited ClassNK.)		
Description in English	Organization Name	..... ..... .....
	Address	..... .....
	Scope of Certification	..... ..... ..... ..... ..... .....
Attached Documents	<input type="checkbox"/> Manual of management system (MS) <input type="checkbox"/> List of procedures, instructions and others relating to MS <input type="checkbox"/> Copy of latest management system certificate <input type="checkbox"/> Organization's outline <input type="checkbox"/> Other referenced documents to MS	
Remarks		

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