

To: NIPPON KAIJI KYOKAI

Date: _____

APPLICATION FOR QUALITY MANAGEMENT SYSTEM AUDIT

I, the undersigned applicant, request the NIPPON KAIJI KYOKAI, to provide the certification services as described below in accordance with the "Rules for Certification of the Management Systems".

Kind of Audit	<input type="checkbox"/> : Initial <input type="checkbox"/> : Annual <input type="checkbox"/> : Renewal <input type="checkbox"/> : Occasional (due to: _____)
Applicable Standards	<input type="checkbox"/> : ISO 9001: 2008 <input type="checkbox"/> : JIS Q 9001: 2008 <input type="checkbox"/> ISO 9001:2015 <input type="checkbox"/> JIS Q 9001:2015
Name and Address	Certification No.: _____ (No entry for Initial Audit)
	Organization Name: _____
	Address: _____ (* 1)
	Top Management: Name _____ Position _____
	Management Representative for Quality Management System: (* 2) Name _____ Position _____
	Person in Charge: Name _____ Position _____ Tel. _____ Fax. _____ E-Mail _____ (Please fill in an appropriate organization or departmental e-mail address.)
Scope of Certification (Please enter "Remain the same" if nothing is changed since last audit.)	Products: _____
	Services: _____
Number of Personnel (involved in the scope of certification)	* No. of People _____ (including part-time worker, temporary worker, cooperative company worker etc.)
	Application of Shift Work <input type="checkbox"/> : No <input type="checkbox"/> : Yes (Please fill out the attachment 1 with details.)
Expected Audit Date	_____
Contract with Consultant	<input type="checkbox"/> : No <input type="checkbox"/> : Yes Name of Consultant: _____

*1; Please fill out the attachment 1 about details of each site. (Name & address of sites, scope, number of people etc.)

*2; Please fill out the column where a management representative is appointed.

Applicant : as stated below : as stated above
 &
 - Organization _____
 Billing - Tel. No. _____ Fax. No. _____
 address - 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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Sites included in the scope of certification (Please fill out about all sites.)

No.	Details of Each Site (☑ : check the appropriate box.)		
1	Name of Site:	Address	
		Scope of Certification	
	Number of people in the site: () Persons	Shift Work : <input type="checkbox"/> Not applied	Type of shift: <input type="checkbox"/> 2-shift <input type="checkbox"/> 3-shift <input type="checkbox"/> Others ()
	Approx. number of cooperative company worker among mentioned above: () Persons	<input type="checkbox"/> Applied (Please fill out the right column with details)	*Number of shift worker: () Persons Kind of shift work: () Kind of work of each shift : <input type="checkbox"/> Same <input type="checkbox"/> Different Level of control of each shift: <input type="checkbox"/> Same <input type="checkbox"/> Different
2	Name of Site:	Address	
		Scope of Certification	
	Number of people in the site: () Persons	Shift Work : <input type="checkbox"/> Not applied	Type of shift: <input type="checkbox"/> 2-shift <input type="checkbox"/> 3-shift <input type="checkbox"/> Others ()
	Approx. number of cooperative company worker among mentioned above: () Persons	<input type="checkbox"/> Applied (Please fill out the right column with details)	*Number of shift worker: () Persons Kind of shift work: () Kind of work of each shift : <input type="checkbox"/> Same <input type="checkbox"/> Different Level of control of each shift: <input type="checkbox"/> Same <input type="checkbox"/> Different
3	Name of Site:	Address	
		Scope of Certification	
	Number of people in the site: () Persons	Shift Work : <input type="checkbox"/> Not applied	Type of shift: <input type="checkbox"/> 2-shift <input type="checkbox"/> 3-shift <input type="checkbox"/> Others ()
	Approx. number of cooperative company worker among mentioned above: () Persons	<input type="checkbox"/> Applied (Please fill out the right column with details)	*Number of shift worker: () Persons Kind of shift work: () Kind of work of each shift : <input type="checkbox"/> Same <input type="checkbox"/> Different Level of control of each shift: <input type="checkbox"/> Same <input type="checkbox"/> Different
4	Name of Site:	Address	
		Scope of Certification	
	Number of people in the site: () Persons	Shift Work : <input type="checkbox"/> Not applied	Type of shift: <input type="checkbox"/> 2-shift <input type="checkbox"/> 3-shift <input type="checkbox"/> Others ()
	Approx. number of cooperative company worker among mentioned above: () Persons	<input type="checkbox"/> Applied (Please fill out the right column with details)	*Number of shift worker: () Persons Kind of shift work: () Kind of work of each shift : <input type="checkbox"/> Same <input type="checkbox"/> Different Level of control of each shift: <input type="checkbox"/> Same <input type="checkbox"/> Different

*Example : In case of 2-shift with 15 persons each, please fill out 30 persons in this column.

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This attachment can be used only for the following cases and submitted to the NIPPON KAIJI KYOKAI (ClassNK) together with the application form.

- 1) When the organization submits the application for the Initial Audit.
- 2) When the organization requests to amend or change the description of the certification.

Kind of Certificate	Request for Certificate with NK Registration Mark <input type="checkbox"/> (English) <input type="checkbox"/> (Japanese)
	Request for Certificate with NK Registration Mark and JAB Accreditation Symbol* <input type="checkbox"/> (English) <input type="checkbox"/> (Japanese)
	Request for Certificate with NK Registration Mark and RvA Accreditation Mark* <input type="checkbox"/> (English)
	(*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
	Product and Activities (Scope)
Attached Documents	<input type="checkbox"/> Quality Management System Documents (a quality manual is acceptable where exist) <input type="checkbox"/> List of documented information such as procedures, instructions and others relating to QMS <input type="checkbox"/> Inventory of products to QMS <input type="checkbox"/> Organization's outline (general features of organization, significant aspects of its process and operations, and any relevant legal obligations;) <input type="checkbox"/> Business and Service activities (general information, relevant for the field of certification applied for, concerning the applicant organization, such as its activities, human and technical resources, functions and relationship in a large corporation, if any;) <input type="checkbox"/> Other referenced documents to QMS (information concerning all outsourced processes used by the organization that will affect conformity to requirements;) <input type="checkbox"/> Ships inventory subject to QMS (only Shipmanagement organization)
Remarks	

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