Form 2-9

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| APPLICATION FOR TYPE APPROVAL OF  SEWAGE TREATMENT PLANT / SEWAGE COMMINUTING AND DISINFECTING SYSTEM  (Initial　Renewal　Modification)  To: Material & Equipment Department, NIPPON KAIJI KYOKAI  Date:  Name of Applicant:  Address:  Tel/Fax :  E-mail :  Name of the Person in Charge:  We hereby agreed to *Conditions of Service for Classification of Ships and Registration of Installations* and apply for type approval of the following plant/system under the requirements of 2.2.1-1 and -2, Part 7 of *Guidance for Marine Pollution Prevention Systems* and in accordance with the requirements of Chapter 8, Part 2 of *Guidance for the Approval and Type Approval of Materials and Equipment for Marine Use* of Nippon Kaiji Kyokai. | |
| Trade Name |  |
| Name and Address of Manufacturer |  |
| Approval Nos.  (for renewal or modification) |  |
| Date(s) and Location(s) of Tests/Inspections |  |

Notes:

1. Use additional sheets if necessary

2. Tick off where appropriate