Form 2-9

|  |
| --- |
| APPLICATION FOR TYPE APPROVAL OFSEWAGE 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