

APPLICATION FOR TYPE APPROVAL OF
SEWAGE TREATMENT PLANT / SEWAGE COMMUNITING 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