

Application for Type Approval of Welding Consumables

To: NIPPON KAIJI KYOKAI

Date: _____

Branch _____

Ref. No.: _____

Name of applicant: _____

Address of applicant: _____

Person in charge: _____

Tel: _____

E-mail: _____

We hereby request

☐type approval ☐change in the approved content ☐revocation of type approval

of welding consumables in accordance with the relevant requirements specified in Part M of the *Rules for the Survey and Construction of Steel Ships*, Part 4 of *Guidance for the Approval of Materials and Equipment for Marine Use*, and the correspondingly applied provisions of *CONDITIONS OF SERVICE FOR CLASSIFICATION OF SHIPS AND REGISTRATION OF INSTALLATIONS*.

1. Name of works (Wire / Filler rod): _____

2. Address of works (Wire / Filler rod): _____

3. Brand name: _____

Note 1: In case of submerged arc welding consumables, each brand of core wire, combination flux, and their respective manufacturer should be described in the note column below.

Note 2: In case of OEM, the Manufacturer's brand should be also described in the note column below.

Note 3: In the case where backing flux is applied, please select the type of backing flux below.

☐Thermosetting type ☐Non-thermosetting type

4. Material grades: _____

Note 1: Suffix of shielding gas and hydrogen mark, etc., should be described.

Note 2: In case of welding consumables not specified in Part M of the NK Rules, to be described as "Manufacturer's Specification." In this case, chemical composition (if applicable) and mechanical properties are to be provided.

5. Hydrogen Mark: _____

☐N.A. ☐H15 ☐H10 ☐H5

Method: ☐Glycerine method ☐Mercury method ☐Gas chromatograph method ☐Hot carrier gas extraction method)

6. Kind/Welding process: _____

(The intended kind/welding process should be selected from Table 1 on the reverse side)

7. Welding position/Max. Diameter: _____

(The intended welding position and max. diameter should be described in Table 1 on the reverse side)

8. Current: _____

☐AC ☐DCEP ☐DCEN

9. Shielding gas _____

10. Miscellaneous: _____

11. Present Approval No./Certificate No. _____

(If applicable): _____

12. Desired date of welding test: _____

13. Desired date of mechanical test: _____

Note: _____

Note: This application should be prepared for each brand of welding consumables (in case of submerged arc welding, application for every combination of wire and flux should be prepared.).

Table 1 Kind/Welding process

| Kind | Welding Process |
|--|---|
| <input type="checkbox"/> Electrodes for manual arc welding for mild steels, high tensile steels and steels for low temperature service (6.2, Chapter 6, Part M of NK Rules) | <input type="checkbox"/> Manual welding |
| | <input type="checkbox"/> Gravity welding |
| <input type="checkbox"/> Automatic welding consumables for mild steels, high tensile steels and steels for low temperature service [Welding technique : <input type="checkbox"/> Multi-run (M) <input type="checkbox"/> Two-run (T) <input type="checkbox"/> Multi-run and two-run (TM)] (6.3, Chapter 6, Part M of NK Rules) | <input type="checkbox"/> Submerged arc welding |
| | <input type="checkbox"/> MAG welding |
| | <input type="checkbox"/> MIG welding |
| | <input type="checkbox"/> Self-shielded arc welding |
| <input type="checkbox"/> Semi-automatic welding consumables for mild steels, high tensile steels and steels for low temperature service (6.4, Chapter 6, Part M of NK Rules) | <input type="checkbox"/> MAG welding |
| | <input type="checkbox"/> MIG welding |
| <input type="checkbox"/> Electro-slag and Electro-gas welding consumables (6.5, Chapter 6, Part M of NK Rules) | <input type="checkbox"/> Electro-slag welding |
| | <input type="checkbox"/> Electro-gas welding |
| <input type="checkbox"/> One side automatic welding consumable for mild steels, high tensile steels and steel for low temperature service [Welding technique : <input type="checkbox"/> One-run (SP) <input type="checkbox"/> Multi-run (MP) <input type="checkbox"/> One-run and multi-run (SMP)] (6.6, Chapter 6, Part M of NK Rules) | <input type="checkbox"/> Submerged arc welding |
| | <input type="checkbox"/> MAG welding |
| | <input type="checkbox"/> MIG welding |
| | <input type="checkbox"/> Self-shielded arc welding |
| <input type="checkbox"/> Welding consumables for stainless steel (6.7, Chapter 6, Part M of NK Rules) | <input type="checkbox"/> Manual welding |
| | <input type="checkbox"/> TIG welding (<input type="checkbox"/> Wire <input type="checkbox"/> Filler Rod) |
| | <input type="checkbox"/> MIG welding |
| | <input type="checkbox"/> Semi-automatic welding |
| | <input type="checkbox"/> Submerged arc welding |
| <input type="checkbox"/> Welding consumables for aluminum alloys (6.8, Chapter 6, Part M of NK Rules) | <input type="checkbox"/> TIG welding (<input type="checkbox"/> Wire <input type="checkbox"/> Filler Rod) |
| | <input type="checkbox"/> MIG welding |
| | <input type="checkbox"/> Plasma arc welding |
| <input type="checkbox"/> Welding consumables for quenched and tempered high tensile steels for structures (6.9, Chapter 6, Part M of NK Rules) | <input type="checkbox"/> Manual welding |
| | <input type="checkbox"/> Gravity welding |
| | <input type="checkbox"/> Submerged arc welding |
| | <input type="checkbox"/> Automatic welding (MAG welding) |
| | <input type="checkbox"/> Automatic welding (MIG welding) |
| | <input type="checkbox"/> Self-shielded arc automatic welding |
| | <input type="checkbox"/> Semi-automatic welding (MAG welding) |
| | <input type="checkbox"/> Semi-automatic welding (MIG welding) |
| <input type="checkbox"/> Others [Please clarify kind (including applicable parent material and its grades) and welding process] | |

Table 2 Welding position/Max. diameter

| Butt Weld | | Fillet Weld | |
|--|---------------|--|---------------|
| Position | Max. Diameter | Position | Max. Diameter |
| <input type="checkbox"/> Flat | mm | <input type="checkbox"/> Flat | mm |
| <input type="checkbox"/> Horizontal | mm | <input type="checkbox"/> Horizontal Vertical | mm |
| <input type="checkbox"/> Overhead | mm | <input type="checkbox"/> Horizontal | mm |
| | | <input type="checkbox"/> Horizontal Overhead | mm |
| | | <input type="checkbox"/> Overhead | mm |
| <input type="checkbox"/> Vertical Upward | mm | <input type="checkbox"/> Vertical Upward | mm |
| <input type="checkbox"/> Vertical Downward | mm | <input type="checkbox"/> Vertical Downward | mm |