**Application for Approval of Firms engaged in Servicing Life-Saving Appliances**

**Application Date: 28 January 2025**

**General Information**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant (Company) | | | Name: | | | | | | | |
| Address: | | | | | | | |
| Person in Charge | | | Mr./Ms.: | | | | | | | |
| Contacts | | | Tel: | | | | | Fax: | | |
| E-mail: | | | | | | | |
| We hereby make an application for below; | | | | | | | | | | |
|  | □ | Initial Assessment | | | | | | | | |
|  | □ | Periodical Assessment | | | | | | | | |
|  | □ | Renewal Assessment | | | | | | | | |
|  | □ | Occasional Assessment due to alteration to the items which have been approved etc.\*1 | | | | | | | | |
|  | □ | Cancellation of Approval (Approval Certificate is to be attached to this application form) \*1. | | | | | | | | |
| Alteration/Cancellation Reason (\*1) | | | | |  | | | | | |
| **Service Supplier Information** (Indicated in Approval Certificate and NK Website) | | | | | | | | | | |
| Name | | | |  | | | | | | □Same as applicant |
| Address | | | |  | | | | | | □Same as applicant |
| Contacts | | | | Tel: | | | | | Fax: | |
| E-mail: | | | | | | |
| URL: | | | | | | |
| NK Approval No. (N/A to Initial Assessment) | | | | | | |  | | | |
| **Notes** | | | | | | | | | | |
| Intended Date of Field Examination | | | | | |  | | | | |
| Other Request from the Applicant | | | | | |  | | | | |
| Submission of Documents | | | | | | Documents list is to be attached as necessary.  - Refer to NK “Rules for Approval of Manufacturers and Service Suppliers” for necessary documents.  <https://www.classnk.or.jp/hp/en/rules/tech_rules.aspx>  - Submit two sets of documents (in case of hard copy).  - Except Initial Assessment, submission of the documents partly modified since last assessment is acceptable. | | | | |