**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. |