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| Application for Approval of The Portion of Special Specifications for Materials and Equipment | | | | |
| Nippon Kaiji Kyokai | | （☐New ☐Change ☐Renewal） | | Date |
| Name of applicant | | |  | |
| Address | | |  | |
| Telephone, Fax No., E-mail etc. | | |  | |
| We hereby request approval of the portion of special specifications for materials or equipment in accordance with the requirements of the Rules for the Survey and Construction of Governmental and Naval Ships accompanied by the following data and information. This request is made on the basis that we accept the provisions of the REGULATIONS FOR THE CLASSIFICATION OF GOVERNMENTAL AND NAVAL SHIPS, CONDITIONS OF CLASSIFICATION AND TECHNICAL SERVICES FOR GOVERNMENTAL AND NAVAL SHIPS and RULES FOR THE SURVEY AND CONSTRUCTION FOR GOVERNMENTAL AND NAVAL SHIPS (as well as the provisions of REGULATIONS FOR TECHNICAL SERVICES when requesting technical services) of NIPPON KAIJI KYOKAI. Whether surveys are completed or not, we agree to pay all survey fees and expenses incurred as a result of the above-mentioned survey(s) and/or issuance of relevant certificate(s) within the payment term designated on your invoice. | | | | |
| Product name | | |  | |
| Type  (the same type is to be stated in attached sheet) | | |  | |
| Particulars (or ratings)  (For explosion-protected equipment, describe of explosion class, temperature class, and selection of explosion-protected construction.) | | |  | |
| Existing “Certificate of Approval” No. | | | Target materials and equipment for special specifications | |
| Materials and equipment with special specifications | |
| Existing “Certificate of Approval” Valid until | | | Target materials and equipment for special specifications | |
| Materials and equipment with special specifications | |
| Application standards  (publishing year is also to be stated) | | | Special specification | |
| Name of manufacturer  (name of works is also to be stated) | | |  | |
| Address of Manufacturer  (Tel, Fax No., E-mail) | | |  | |
| Attached data | Drawings | |  | |
| Other data | |  | |
| Expected date of tests | | |  | |
| Reference for liaison | Address, | |  | |
| Tel, Fax, E-mail | |  | |
| Name of section in charge: | |  | |
| Name of the person: | |  | |
| Make public by list of approved materials and equipment | | | ☐ Yes  ☐ Yes (Partial) ※  ☐ No | |
| Remarks | | |  | |

Notes: 1. In case of shortage of space, fill out in a separate sheet(s).

2. Check the item concerned. Take off unnecessary characters with lines.

3. ※ If there are items to not be public, such items are stated in the column "Remarks".