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| --- | --- | --- | --- | --- | --- | --- |
| Application for Applying Machinery and Equipment Manufactured with Approved Standardized Design to an NK-Classed ship | | | | | | |
| Nippon Kaiji Kyokai | | | （☐New ☐Change ☐Renewal） | | | Date |
| Name of applicant | | | |  | | |
| Address | | | |  | | |
| Telephone, Fax No., E-mail etc. | | | |  | | |
| On the basis of the relevant requirements of 2.1.2, Part 2 of the Rules for the Survey and Construction of Governmental and Naval Ships, we hereby request approval for applying the following product manufactured in accordance with the drawings as the standardized design to a ship classed with Nippon Kaiji Kyokai. 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. | | | | | | |
| Name of Product | | | | |  | |
| Existing “Certificate of Approval” No. | | | | |  | |
| Type and Model Number | | | | |  | |
| Specification | | | | |  | |
| Product Number | | | | |  | |
| Ship to which the product is applied | | | | | ☐New ship ☐Existing ship | |
| For New Ship | | Name of Shipbuilder | | |  | |
| Hull number | | |  | |
| For Existing ship | | Name of ship | | |  | |
| Name of Owner | | |  | |
| Name of manufacturer  (name of works is also to be stated) | | | | |  | |
| Address of Manufacturer (Tel, Fax No., E-mail) | | | | |  | |
| Reference for liaison | Address, | | | |  | |
| Tel, Fax, E-mail | | | |  | |
| Name of section in charge: | | | |  | |
| Name of the person: | | | |  | |
| 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.