

**Application for Approval of Firms engaged in Tightness Testing of Closing Appliances
with Ultrasonic Equipment**
(Initial*1 Occasional*2 Periodical*3 Renewal*4 Withdrawal*5)

To : ClassNK

Date: _____

Name of Firm (Applicant) : _____

Contact & Personnel : _____

Tel: _____ Fax: _____

e-mail _____ @ _____

On the basis of the requirements of *Rules for Approval of Manufacturers and Service Suppliers*, we hereby make an application,

- for Initial Assessment of Firm, attached documents *1,
- for Occasional Assessment of an alteration to the items which have been approved, attached documents*2,

Outline of the alteration: _____

- to carry out Periodical Assessment *3,
- to carry out Renewal Assessment and to renew the approval *4,
- to withdraw the approval with the ClassNK Approval Certificate attached *5.

Reason: _____

1. Name of Firm *1/*2/*3/*4 _____

2. Address of Firm *1/*2/*3/*4 _____

Tel: _____ Fax: _____

e-mail _____ @ _____

3. Areas where service is supplied: _____

4. Approved Number *2/*3/*4/*5 : _____

5. Intended date of field examination *1/*2/*3/*4 : _____

6. Attached documents and data *1/*2/*3/*4 (2 copies, relevant documents only in the case of other occasion other than Initial Assessment) :

(For the documents and data to be submitted, refer to NK Rules “Rules for Approval of Manufacturers and Service Suppliers”.)

7. Note :