Form 2-6

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| APPLICATION FOR TYPE APPROVAL OFLIFE-SAVING APPLIANCES ([ ] Initial　[ ] Renewal　[ ] Modification)To: Material & Equipment Department, NIPPON KAIJI KYOKAI Date:Name of Applicant:Address:Tel/Fax :E-mail :Name of the Person in Charge:We hereby agreed to *Conditions of Service for Classification of Ships and Registration of Installations* and apply for approval of the following life-saving appliances under the requirements of Chapter 3 of the *Rules for Safety Equipment* and in accordance with the requirements of Chapter 7, Part 2 of *Guidance for the Approval and Type Approval of Materials and Equipment for Marine Use* of Nippon Kaiji Kyokai. |
| Type | [ ] Lifeboats [ ] Rescue boats [ ] Inflatable liferafts[ ] Launching appliances [ ] Engines [ ] Release mechanisms |
| Trade Name |  |
| Name and Address of Manufacturer |  |
| Type Approval Nos. (for renewal or modification) |  |
| Date(s) and Location(s) of Tests/Inspections |  |

Notes:

1. Use additional sheets if necessary

2. [ ] Tick off where appropriate