Form 2-6

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| APPLICATION FOR TYPE APPROVAL OF  LIFE-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