

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	<input type="checkbox"/> Lifeboats <input type="checkbox"/> Rescue boats <input type="checkbox"/> Inflatable liferafts <input type="checkbox"/> Launching appliances <input type="checkbox"/> Engines <input type="checkbox"/> 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