**APPLICATION FOR SURVEYS AND ISSUE OF CERTIFICATES**

**（For　Governmental and Naval Ships）**

To: NIPPON KAIJI KYOKAI

|  |  |  |  |
| --- | --- | --- | --- |
| Purchase Order No. |  | Application Date |  |

**APPLICANT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name  Address |  | | | | Signature and/or Official Stamp of Applicant | |  |
|  |  | | | | Name in Block Capitals | |  |
|  | TEL |  | FAX |  | E-mail |  | |

We hereby request that you carry out survey(s) and/or issue certificate(s) described below. This request is made on the basis that we accept the provisions of *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.

**BILLING CONTACT** *＊Please complete the following on in cases where the billing contact and the above applicant are different.*

We ensure the payment of all survey fees and expenses incurred in the below-mentioned survey(s) and/or issue of relevant certificate(s).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name  Address |  | | | | | | | | Signature and/or Official Stamp of Applicant | | |  | |
| Name in Block Capitals | | |  | |
| TEL | |  | FAX |  | | | | E-mail |  | | | |
| Ship’s Name: | | |  | | | | Estimated G.T. |  | | | | Class No. | |  |
| Ship owner | | |  | | | | | | | | |  | |  |
| Flag | | |  | | | | Official No. | |  | | |  | |  |
| Purpose of Ship | | |  | | | | Service Area | |  | | |  | |  |
| Classification Characters and Notations applying for | | | NS\*  MNS\*      　(Automatic and Remote Control Systems(M0)) | | | | | | | | | | | |

1. Survey(s) to be carried out (Please tick in the appropriate box(es))

(1) Class Maintenance Surveys

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Special Survey (SS)\* No.(   ) | | | : Commence / | | Incomplete / | Complete |
| Intermediate Survey (IS)\* | | | : Commence / | | Incomplete / | Complete |
| Annual Survey (AS)\* | |  | | | | |
| \* In cases where overhaul inspections of machinery and equipment subject to Continuous Machinery Survey (CMS) have been carried out, an application for CMS below is also required. | | | | | | |
| Docking Survey (DS) | |  | | |  | |
| Planned Machinery Surveys | | : Continuous Machinery Survey (CMS)\* / Planned Machinery Maintenance Scheme (PMS) /  Condition Based Maintenance Scheme (CBM) | | | | |
|  | | Periodical Surveys | | [Commence / Incomplete / Complete] | | |
| \* Please confirm that all machinery and equipment whose overhaul inspections have been carried out are included in the inspection report. | | | | | | |
| Occasional Survey (OS): | (Contents:                                                                                           ） | | | | | |

(2) Other Survey(s)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Inventory of Hazardous Material (IHM) | | \* Initial / Renewal |  | Additional | Occasional | |
| Other Survey(s) （Contents : |  | | | | | ） | |

Remarks: Periodical Survey/Audit for Classification Notation(s) of Guidelines (EA, NVC, MVA, HVS, BWTS etc.) are carried out at the occasion of Annual (AS)/Intermediate（IS）/Special Survey(SS) for Classification. If you do not intend to maintain these Notation(s), please inform to ClassNK Government Ship Service Department (email: icg@classnk.or.jp) in advance.

|  |  |  |  |
| --- | --- | --- | --- |
| Ship’s Name |  | Class No. |  |

2. Certificate(s) to be issued (Please tick in the appropriate box(es))

|  |
| --- |
| Classification Cert. |
| Other （                                            ） |

3. Date and Place of Survey

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (1) Place of Survey: | |  | | | | | | | |
| (2) Date of Survey | |  | | ETA: |  | | ETD: | |  |
| (3) Name of Local Agent : | |  | | | | Contact Person: | | |  |
| (Tel) |  | | (Fax) |  | | (E-mail) | |  | |

4.Message (if any)

|  |
| --- |
|  |

5. Supplementary note

(1) This form is also available for Japanese flag ships.

- The End -