**APPLICATION FOR SURVEYS AND ISSUE OF CERTIFICATES**

**（For　Governmental and Naval Ships）**

To: NIPPON KAIJI KYOKAI

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

**APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| NameAddress |            | 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).

|  |  |  |  |
| --- | --- | --- | --- |
| NameAddress |            | 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)

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|       |

5. Supplementary note

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

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