

APPLICATION FOR SURVEYS AND ISSUE OF CERTIFICATES

To: NIPPON KAIJI KYOKAI

Purchase Order No.		Application Date	
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APPLICANT

Name Address			Signature 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 AND REGISTRY OF SHIPS, CONDITIONS OF SERVICE FOR CLASSIFICATION OF SHIPS AND REGISTRATION OF INSTALLATIONS and REGULATIONS FOR THE ISSUE OF STATUTORY CERTIFICATES (as well as the provisions of REGULATIONS FOR TECHNICAL SERVICES when requesting technical services) of NIPPON KAIJI KYOKAI and that we allow flag authorities and authorized audit teams on board for the purpose of their assessing NIPPON KAIJI KYOKAI's compliance with applicable rules, regulations and quality standard. 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	
			Name in Block Capitals	
TEL		FAX	E-mail	

Ship's Name _____ G.T. _____ Class No. _____
 Ship owner _____ IMO No. _____
 Flag _____ Official No. _____ Call Sign _____
 Purpose of Ship _____ Service Area _____ Other Class (if Any) _____

Cargo ship to transport passenger(s) (Applicable only to Japanese-flagged ships)
 This cargo ship is engaged in ship operation business as prescribed in paragraph 2, article 2 of act on maritime transportation of Japanese law (excluding ships engaged on transportations of objects only).

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) : Normal Docking Survey / In-Water Survey in lieu of Docking Survey
 Propeller Shaft Survey (PS) : No.1 [Ordinary Survey (including non-destructive examination (NDE) for whole shaft cone*) / Partial Survey / Simplified Partial Survey]
 Ships with the notation PSCM-1A [Ordinary Survey (including non-destructive examination (NDE) for whole shaft cone*) / Alternative Ordinary Survey (including non-destructive examination (NDE) for whole shaft cone*)]
 Extension Surveys [Extension up to 2.5 year / Extension up to 1 year / Extension up to 3 months]

*Survey once every 15 (or 18**) years for Kind 1A or Kind 2 with keyless connection shaft (**For non-Japanese-flagged inland waterway ships)

- No.2 [Ordinary Survey (Including non-destructive examination (NDE) for whole shaft cone*) / Partial Survey / Simplified Partial Survey]
 Ships with the notation PSCM-1A [Ordinary Survey (Including non-destructive examination (NDE) for whole shaft cone*) / Alternative Ordinary Survey (Including non-destructive examination (NDE) for whole shaft cone*)]
 Extension Surveys [Extension up to 2.5 year / Extension up to 1 year / Extension up to 3 months]
 Boiler Survey (BS) : NO.1 NO.2 NO.3
 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.

- Continuous Hull Survey (CHS)
 Occasional Survey (OS): (Contents: _____)

(2) Installation Surveys

- Lifting Appliances (CHG) : Thorough Examination Load Test Occasional
 Anchor Handling Winches (AHW) : Thorough Examination Periodical Test Occasional
 Automatic and Remote Control Systems (M0) : MC / M0. (* A / B / C / D) (* Delete as appropriate)
 Special Annual Occasional

Ship's Name	Class No.
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(2) Installation Surveys

- | | | | |
|---|------------------------------------|--|---|
| <input type="checkbox"/> Cargo Refrigerating Installations (RMC) | : <input type="checkbox"/> Special | [<input type="checkbox"/> Commence / <input type="checkbox"/> Incomplete / <input type="checkbox"/> Complete] | |
| | <input type="checkbox"/> Annual | <input type="checkbox"/> Continuous (CRS) | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Crew Accommodation Arrangement (CAA)
<small>(Applicable only to Japanese-flagged ships)</small> | : <input type="checkbox"/> Special | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Navigation Bridge System (BRS) | : <input type="checkbox"/> Special | | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Preventive Machinery Maintenance Systems (PMM) | : <input type="checkbox"/> Special | | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Integrated Fire Control Systems (IFC) | : <input type="checkbox"/> Special | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Hull Monitoring System (HMS) | : | | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Diving Systems (DVS) | : <input type="checkbox"/> Special | | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |

(3) Statutory Surveys

(*Delete as appropriate)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Load Line (LL) | : <input type="checkbox"/> *Initial / Renewal | | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Safety Construction (SC) | : <input type="checkbox"/> *Initial / Renewal | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Safety Equipment (SE) | : <input type="checkbox"/> * Initial / Renewal | <input type="checkbox"/> Intermediate/Periodical | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Safety Radio (SR) | : <input type="checkbox"/> * Initial / Renewal | | <input type="checkbox"/> Periodical <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Chemical Fitness Cert. (CHM) | : <input type="checkbox"/> * Initial / Renewal | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Gas Fitness Cert. (GAS) | : <input type="checkbox"/> * Initial / Renewal | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Dangerous Goods Fitness (DG) | : <input type="checkbox"/> * Initial / Renewal | | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Polar Ship (PS) | : <input type="checkbox"/> * Initial / Renewal | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Industrial Personnel Safety (IP) | : <input type="checkbox"/> * Initial / Renewal | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Oil Pollution Prevention (OPP) | : <input type="checkbox"/> * Initial / Renewal | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Noxious Liquid Substances in Bulk (NLS) | : <input type="checkbox"/> * Initial / Renewal | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Sewage Pollution Prevention (SPP) | : <input type="checkbox"/> * Initial / Renewal | | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Air Pollution Prevention (APP) | : <input type="checkbox"/> * Initial / Renewal | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Energy Efficiency (EE) | : <input type="checkbox"/> Initial | | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Anti-Fouling System (AFS) | : <input type="checkbox"/> Initial | | <input type="checkbox"/> Periodical <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Ballast Water Management (BWM) | : <input type="checkbox"/> * Initial / Renewal | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Ship Recycling | : <input type="checkbox"/> * Initial / Renewal | <input type="checkbox"/> Additional | <input type="checkbox"/> Occasional <input type="checkbox"/> Final |

Remarks: The above survey items apply for HSSC certificates. Please tick the equivalent survey items for Non-HSSC certificates

(4) Other Survey(s)

- 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 our Survey Site in advance.

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

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Classification Cert. | <input type="checkbox"/> Cargo Gear Load Test Certificate | <input type="checkbox"/> LL Certificate | <input type="checkbox"/> SC Certificate |
| <input type="checkbox"/> SE Certificate | <input type="checkbox"/> SR Certificate | <input type="checkbox"/> Exemption Cert. (_____) | <input type="checkbox"/> Chemical Fitness Cert. |
| <input type="checkbox"/> Gas Fitness Certificate | <input type="checkbox"/> Dangerous Goods Fitness Cert. | <input type="checkbox"/> Polar Ship Certificate | <input type="checkbox"/> Industrial Personnel Safety Certificate |
| <input type="checkbox"/> OPP Certificate | <input type="checkbox"/> NLS Certificate | <input type="checkbox"/> SPP Certificate | <input type="checkbox"/> APP Certificate |
| <input type="checkbox"/> EE Certificate | <input type="checkbox"/> AFS Certificate | <input type="checkbox"/> BWM Certificate | <input type="checkbox"/> International Tonnage Cert. (ITC) |
| <input type="checkbox"/> SF Certificate
<small>(The combination forms of SC, SE and SR)</small> | <input type="checkbox"/> IHM Certificate (<input type="checkbox"/> Hong Kong Convention <input type="checkbox"/> EU Reg.) | | <input type="checkbox"/> Other (_____) |
| | <input type="checkbox"/> Ready for Recycling Certificate (<input type="checkbox"/> Hong Kong Convention <input type="checkbox"/> EU Reg.) | | |

Remarks: Please submit an "APPLICATION FOR ISSUE OF CERTIFICATES (Form 4A)" separately, if LL, SC, SE, SR, SF, GAS, Polar, IP and AFS are to be issued to Japanese-flagged ships. For Statutory Certificates other than LL, SC, SE, SR, SF, GAS, Polar, IP and AFS for Japanese-flagged ships, please apply to the Japanese Government.

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-flagged ships.
 (2) Please attach a copy of latest SHIP INSPECTION CERTIFICATE in case of Japanese-flagged ships.