

APPLICATION FOR PERIODICAL TEST OF
APPROVED FIRE PROTECTION MATERIALS

To : Nippon Kaiji Kyokai

Date:

Applicant:
(Company Name)
(Address)
(TEL/FAX/E-mail)
(Person in charge)

(Signature)

We hereby apply for the periodical test of the materials described below.

Fire Protection Material	Rating	Application
<input type="checkbox"/> Non-combustible materials		
<input type="checkbox"/> "A" class divisions	<input type="checkbox"/> A-60 <input type="checkbox"/> A-30 <input type="checkbox"/> A-15 <input type="checkbox"/> A-0	<input type="checkbox"/> Bulkheads <input type="checkbox"/> Decks <input type="checkbox"/> Fire-retardant doors <input type="checkbox"/> Windows <input type="checkbox"/> Fire dampers <input type="checkbox"/> Pipe & duct penetrations <input type="checkbox"/> Cable penetrations
<input type="checkbox"/> "B" class divisions	<input type="checkbox"/> B-15 <input type="checkbox"/> B-0	<input type="checkbox"/> Bulkheads <input type="checkbox"/> Decks <input type="checkbox"/> Fire-retardant doors <input type="checkbox"/> Linings <input type="checkbox"/> Ceilings <input type="checkbox"/> Windows <input type="checkbox"/> Fire dampers <input type="checkbox"/> Pipe & duct penetrations <input type="checkbox"/> Cable penetrations
<input type="checkbox"/> Continuous "B" class divisions	<input type="checkbox"/> B-15 <input type="checkbox"/> B-0	<input type="checkbox"/> Continuous linings <input type="checkbox"/> Continuous ceilings
<input type="checkbox"/> Fire retardant base materials		<input type="checkbox"/> Ceilings <input type="checkbox"/> Linings <input type="checkbox"/> Draft stops <input type="checkbox"/> Grounds
<input type="checkbox"/> Fire retardant veneers		<input type="checkbox"/> Non-combustible and Fire-retardant base materials <input type="checkbox"/> Non-combustible base materials <input type="checkbox"/> Fire-retardant base materials
<input type="checkbox"/> Fire retardant surface floorings		
<input type="checkbox"/> Primary deck coatings		
Manufacturer's Designation		
Date of the Latest Approval		
Approval Certificate No.		
Manufacturer (Company name) (Address) (TEL/FAX/E-mail) (Person in charge, Section/Dept.)		
Date of Periodical Test		

Attached Data:

- Record of services
- Specifications of the products including detail drawing
- Others

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