Form EU-MR-APP

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| Application for EU Mutually-Recognized Type Approval([ ] Initial [ ] Renewal [ ] Modification)To: Nippon Kaiji Kyokai　　　　　　　　　　　　　　　　　　　　　　　　　　　　　Date:Name of Applicant with stamp or signature: Address:Phone No.FAX No. E-mail address:We hereby request issuance of a certificate for the following item in accordance with the Guidelines for Type Approval of Products for Marine Use for EU Mutual Recognition. |
| Name of Article |  |
| Type(Those of similar type, if any, to be described separately.) |  |
| Particulars (or Ratings)(For explosion-proof apparatus, kind of explosion-proof construction, explosion class and ignition group are to be stated.) |  |
| Applicable standards(The year of publication is also to be stated.) |  |
| Name of manufacturer(Name of works/plant is also to be stated.) |  |
| Address of manufacturer (name of works/plant is also to be stated.) |  |
| Attached data | Drawings | Drawing No. of main part |
| Other data |  |
| Expected date of factory inspection andExpected date of tests |  |
| Reference for liaison | Address and Tel. No.: |  |
| Name of section in charge: |  |
| Name of person in charge: |  |
| Remarks: |

Remark:

1.　In case of shortage of space, fill out on separate sheet(s) of paper.

2.　Check the item concerned. Cross out unnecessary characters/items with lines.

3.　Applicant is to be a liaison of the manufacturer for the item concerned.