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 and  Expected 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.