

GUIDANCE FOR THE CLASSIFICATION AND REGISTRY OF SHIPS

Guidance for the Classification and Registry of Ships

2013 AMENDMENT NO.1

Notice No.5 1st January 2013

Resolved by Technical Committee on 27th July 2012

ClassNK
NIPPON KAIJI KYOKAI

Notice No.5 1st January 2013

AMENDMENT TO THE GUIDANCE FOR THE CLASSIFICATION AND REGISTRY OF SHIPS

“Guidance for the classification and registry of ships” has been partly amended as follows:

Appendix 1 APPLICATION FORMS

Form 1A has been amended as follows.

APPLICATION FOR CLASSIFICATION AND STATUTORY SERVICES DURING CONSTRUCTION

To: NIPPON KAIJI KYOKAI

Application Document No.:		Application Date:	
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APPLICANT

Name Address	Signature and/or Official Stamp of Applicant	
	Name in Block Capitals	
	TEL	
	FAX	

We hereby request that you carry out the survey for registration and issue the certificates described in the attached Form 1A-1. 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. We agree to pay all survey fees and expenses incurred as a result of the above-mentioned survey and issuance of relevant certificate(s), regardless of whether class and/or installations are registered or not.

SHIP INFORMATION ※ Main particulars of hull and machinery are to be filled in using separate Form 1A-1.

Shipbuilder Name Address	<input type="checkbox"/> Same as applicant. (If the shipbuilder and the applicant are the same, please tick this box. In such cases, the name and address of the shipbuilder does not need to be entered)	Yard/Hull Number	
		"The date of building contract" ⁽¹⁾ or "the date on which the option is exercised" ⁽²⁾	
Prospective Owner (Ship Owner listed on the National Registry Certificate)	<input type="checkbox"/> Undecided <input type="checkbox"/> Name	Optional ship? ⁽²⁾⁽³⁾	Yes <input type="checkbox"/> No <input type="checkbox"/>
		The date of building contract of the first sister ship ⁽³⁾	
Proposed Flag	Port of Registry	Yard/Hull Number of the first sister ship ⁽³⁾	
Purpose of Ship	Estimated Gross Tonnage	Estimated Date of Keel Laying Estimated Date of Launch Estimated Date of Completion	
Intended Area of Navigation	<input type="checkbox"/> International / <input type="checkbox"/> Non-international <input type="checkbox"/> Ocean going / <input type="checkbox"/> Non-ocean going (Please specify) :	Number & Type of Main Engine	
Other Class ⁽⁴⁾		MCR of Main Engine	

- (1) Please enter "The date of building contract" signed between the prospective owner and the shipbuilder or "its scheduled date". In cases where the scheduled building contract date has been changed, please inform us without delay.
- (2) If this ship is an optional ship, please enter "the date on which the option is exercised".
- (3) If this ship is an optional ship, please check the "Yes" box and enter "The date of building contract of the first sister ship" and "Yard/Hull Number of the first sister ship".
 Where: Optional ship: a series of sister ships for which the option is ultimately exercised and built to the same approved plans for the classification purposes, under a single contract for construction.
 First sister ship: the first ship of a series of sister ships built to the same approved plans for the classification purposes, under a single contract for construction.
 If this ship is not the optional ship, please check the "No" box.
- (4) Please enter the name of other class if dual or double class.

REGISTRATION

Classification during construction	Classification Characters and Notations applying for	NS*
	Character of Main Propulsion Machinery	MNS*
	Descriptive Note(s)	
	Special Description	<input type="checkbox"/> n.s. <input type="checkbox"/> n.f. <input type="checkbox"/> Other (Please specify) :
Registration of Installations during construction	<input type="checkbox"/> Safety Equipment	
	<input type="checkbox"/> Radio Installations	
	<input type="checkbox"/> Crew Accommodation Arrangements (Applicable only to Japanese flag ships)	
	<input type="checkbox"/> Marine Pollution Prevention Installations	
	<input type="checkbox"/> Automatic and Remote Control Systems (<input type="checkbox"/> MC <input type="checkbox"/> M0 <input type="checkbox"/> M0 · A <input type="checkbox"/> M0 · B <input type="checkbox"/> M0 · C <input type="checkbox"/> M0 · D)	
	<input type="checkbox"/> Navigation Bridge Systems (<input type="checkbox"/> BRS <input type="checkbox"/> BRS1 <input type="checkbox"/> BRS1A)	
	<input type="checkbox"/> Cargo Handling Appliances	
	<input type="checkbox"/> Preventive Machinery Maintenance Systems	
	<input type="checkbox"/> Cargo Refrigerating Installations (<input type="checkbox"/> RMC* <input type="checkbox"/> RMC* · CA)	
	<input type="checkbox"/> Integrated Fire Control Systems (<input type="checkbox"/> IFC · M <input type="checkbox"/> IFC · A <input type="checkbox"/> IFC · AM)	
	<input type="checkbox"/> Anti-Fouling Systems (<input type="checkbox"/> AFS)	
	<input type="checkbox"/> Other (Please specify) :	

Attachments : Form 1A-1 Form 1A DG-BC Form 1A CG Form 1A-C Form 4A
 Submit later : Form 1A-1 Form 1A DG-BC Form 1A CG Form 1A-C Form 4A
 Omit to submit (Sister Ship Hull No.): Form 1A-1 Form 1A DG-BC Form 1A CG Form 1A-C Form 4A

BILLING CONTACT ※ Please complete the following only in cases where the billing contact and applicant are different.

Name Address	Signature and/or Official Stamp	
	Name in Block Capitals	
	TEL	
	FAX	

For NK internal use	Receipt Date	Receipt No.
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Remarks:

- Please send this form to the nearest ClassNK branch office.
- If any of the above required items are not determined at the time of the application, please fill in the relevant columns as "Undecided".
- If any of the information provided in this form changes or if undecided items have been determined, please inform the nearest ClassNK branch office. In cases where ClassNK deems that any of the information included in this form needs to be altered during the Classification Survey process, the applicant will be notified.

SURVEY, CERTIFICATES & MAIN PARTICULARS

Date of Classification Survey Application	
Date of Submission	<input type="checkbox"/> Same as above /

Shipbuilder <input type="checkbox"/> Same as applicant.	Yard/Hull Number
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SURVEY AND ISSUANCE OF CERTIFICATES

※ The following information is not required for Japanese flag ships. Please submit an "APPLICATION FOR ISSUE OF CERTIFICATES (Form 4A)" separately.

Survey for Statutory Certificates and Issuance of Certificates (1) For Japanese flag ships, NK conducts surveys only. (2) For Japanese flag ships, the Japanese Government conducts surveys and issues certificate(s). (3) The combination forms of SC, SE, and SR Certificates.	Survey <input type="checkbox"/>	Certificate <input type="checkbox"/>	Load Line (Please fill in the boxes of the main particulars of load lines.)	Survey <input type="checkbox"/>	Certificate <input type="checkbox"/>	Fitness for Ship Carrying Dangerous Goods ⁽¹⁾ (Please fill in the boxes of the main particulars of dangerous goods.)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Passenger Ship Safety ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	Pollution Prevention Certificate for the Carriage of Noxious Liquid Substances in Bulk ⁽¹⁾
	<input type="checkbox"/>	<input type="checkbox"/>	Cargo Ship Safety Construction	<input type="checkbox"/>	<input type="checkbox"/>	Sewage Pollution Prevention ⁽¹⁾
	<input type="checkbox"/>	<input type="checkbox"/>	Cargo Ship Safety Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Air Pollution Prevention ⁽¹⁾
	<input type="checkbox"/>	<input type="checkbox"/>	Cargo Ship Safety Radio ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	Anti-Fouling System
	<input type="checkbox"/>	<input type="checkbox"/>	Cargo Ship Safety ⁽³⁾	<input type="checkbox"/>	<input type="checkbox"/>	Grain Loading Booklet ⁽²⁾
	<input type="checkbox"/>	<input type="checkbox"/>	Exemption (<input type="checkbox"/> Fixed Fire-Extinguishing System)	<input type="checkbox"/>	<input type="checkbox"/>	Energy Efficiency ⁽¹⁾
	<input type="checkbox"/>	<input type="checkbox"/>	Fitness for the Carriage of Dangerous Chemicals in Bulk ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	Other (Please specify):
	<input type="checkbox"/>	<input type="checkbox"/>	Fitness for the Carriage of Liquefied Gases in Bulk ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	
Tonnage Certificates (3) For Japanese flag ships, the Japanese Government conducts measurements and issues certificate(s).	Measurement <input type="checkbox"/>	Certificate <input type="checkbox"/>	International Tonnage ⁽³⁾			
	<input type="checkbox"/>	<input type="checkbox"/>	PC/UMS Documentation of total volume ⁽³⁾			
	<input type="checkbox"/>	<input type="checkbox"/>	Suez Canal ⁽³⁾			
	<input type="checkbox"/>	<input type="checkbox"/>	National Tonnage ⁽³⁾ (Applicable rule:)			
Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Applicable only to Japanese flag ships.
	<input type="checkbox"/>	<input type="checkbox"/>	Freeboard	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Incinerator ⁽⁴⁾	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	Lift for Crew etc. ⁽⁴⁾	<input type="checkbox"/>	<input type="checkbox"/>	

MAIN PARTICULARS OF HULL

Lpp x B x D (m)	x	x	Deadweight
Yard/Hull Number of Sister ship(s) ⁽¹⁾			Coal Carrying <input type="checkbox"/> Yes <input type="checkbox"/> No

(1) Please complete if sister ship(s) has been already registered in NK.

MAIN PARTICULARS OF MACHINERY

Main Engine	Model	
	Maximum Output ⁽¹⁾ & Revolutions per minute	kW · PS · RPM
	Manufacturer Workshop	
Propeller	Number, Type & RPM	· · RPM
	Type of Propeller Shaft	<input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 1C <input type="checkbox"/> 2 <input type="checkbox"/> PSCM
Boiler <input type="checkbox"/> Main <input type="checkbox"/> Auxiliary	Number & Maximum Working Pressure ⁽¹⁾	· MPa · kg/cm ²
	Manufacturer Workshop	
Generator	Total Output	kVA

(1) For Japanese flag ships, please select a SI unit.

MAIN PARTICULARS OF LOAD LINES

Type of Ship	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> B+ <input type="checkbox"/> B-60 <input type="checkbox"/> B-100	Timber Freeboard	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intended Freeboard (m)		<input type="checkbox"/> Multiple Load Line System	

MAXIMUM NUMBER OF PERSONS ACCOMMODATED

Maximum Number of Persons Accommodated	Total No.:	(Passenger:	Crew:	Other:)
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MAIN PARTICULARS OF CARGO REFRIGERATING INSTALLATIONS

※ Please complete when requesting to register refrigerating installations.

Intended Notation	
Type of Refrigerant	Cooling System Total Capacity of Cargo Chamber
	m ³

Form 2A has been amended as follows.



APPLICATION FOR SURVEYS AND ISSUE OF CERTIFICATES

To: NIPPON KAIJI KYOKAI

Application Document 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*. 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.: _____

Shipowner: _____ IMO No.: _____

Flag: _____ Official No.: _____ Call Sign: _____

Purpose of Ship: _____ Service Area: _____ Other Class(if any): _____

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)
- Docking Survey (DS) : Normal Docking Survey / In-Water Survey in lieu of Docking Survey
- Propeller Shaft Survey (PS) : No.1 [Ordinary Survey / Partial Survey]
: No.2 [Ordinary Survey / Partial Survey]
- Boiler Survey (BS) : No.1 No.2 No.3
- Planned Machinery Surveys (PMS) : Continuous Machinery Survey (CMS)
: Planned Machinery Maintenance Scheme (PMS) / Periodical Surveys (PS)
- Continuous Hull Survey (CHS)
- Occasional Survey (OS): (Contents: _____)

(2) Installation Surveys

- Cargo Handling Appliances (CHG): Annual Thorough Load Test Occasional
- Automatic and Remote Control Systems(MO): [MC / MO. (* A / B / C / D)] (*Delete as appropriate)
 Special Annual Occasional
- Cargo Refrigerating Installations(RMC): Special [Commence / Incomplete / Complete]
 Annual Continuous (CRS) Occasional
- Crew Accommodation Arrangement(CAA): (Applicable only to Japanese flag ships)
 Special Intermediate Annual Occasional
- Navigation Bridge System (BRS): Special Annual Occasional
- Preventive Machinery Maintenance Systems (PMM):
 Special Annual Occasional
- Integrated Fire Control Systems (IFC): Special Intermediate Annual Occasional
- Hull Monitoring System (HMS): Annual Occasional
- Diving Systems (DVS): Special Annual Occasional

- Next Page -

Ship's Name _____ Class No. _____

- (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 Certificate | <input type="checkbox"/> * Initial / Renewal <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Gas Fitness Certificate | <input type="checkbox"/> * Initial / Renewal <input type="checkbox"/> Intermediate | <input type="checkbox"/> Annual | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Dangerous Goods Fitness Certificate | <input type="checkbox"/> * Initial / Renewal | | <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"/> 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"/> Anti-Fouling System (AFS) | <input type="checkbox"/> Initial | <input type="checkbox"/> Periodical | <input type="checkbox"/> Occasional |
| <input type="checkbox"/> Energy Efficiency (EE) | <input type="checkbox"/> Initial | | <input type="checkbox"/> Occasional |

Remarks:

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

~~Regarding the Safety Radio Surveys for Japanese flag ships, the Japanese Government conducts surveys and issues certificate(s).~~

(4) Other Survey(s)

Other Survey(s) (Contents : _____)

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Classification Certificate | <input type="checkbox"/> Installation Certificate | <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"/> Chemical Fitness Certificate | <input type="checkbox"/> Gas Fitness Certificate |
| <input type="checkbox"/> Dangerous Goods Fitness Certificate | <input type="checkbox"/> OPP Certificate | <input type="checkbox"/> NLS Certificate |
| <input type="checkbox"/> SPP Certificate | <input type="checkbox"/> APP Certificate | <input type="checkbox"/> AFS Certificate |
| <input type="checkbox"/> Exemption Certificate (_____) | <input type="checkbox"/> ITC (International Tonnage) Certificate | <input type="checkbox"/> EE Certificate |
| <input type="checkbox"/> <u>SF Certificate</u> | <input type="checkbox"/> Other(_____) | |

(The combination forms of SC, SE, and SR Certificates.)

Remarks:

Please submit an "APPLICATION FOR ISSUE OF CERTIFICATES (Form 4A)" separately, if LL, SC, SE, SR, SF and AFS are to be issued to Japanese flag ships.

For Statutory Certificates other than LL, SC, SE, SR, SF and AFS for Japanese flag 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 flag ships.

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

- The End -

Form 3A has been amended as follows.



Application for Classification and Statutory Services for
An Existing Ship Form 3A (Rev. January 2013)

**APPLICATION FOR CLASSIFICATION AND STATUTORY SERVICES
FOR AN EXISTING SHIP**

To: NIPPON KAIJI KYOKAI

Application Document No. :	Application Date :
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APPLICANT

Name Address	Signature and/or Official Stamp of Applicant
	Name in Block Capitals
	TEL
	FAX

We hereby request that you carry out the survey for registration and issue the certificates described in the attached Form 3A-1. 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. We agree to pay all survey fees and expenses incurred as a result of the above-mentioned survey and issuance of relevant certificate(s), regardless of whether class and/or installations are registered or not.

SHIP INFORMATION ※ Main particulars of hull and machinery are to be filled in using separate Form 3A-2.

Name of Ship	IMO No.
Shipbuilder Name Address	Date of Contract Date of Keel Laying Date of Launch Date of Completion
Yard/Hull Number	Port of Registry
Flag	Previous Class
Previous Flag	Gross Tonnage
Purpose of Ship	Other Class ⁽¹⁾
Survey Schedule From to	
Survey Place	
Intended Area of Navigation	<input type="checkbox"/> International / <input type="checkbox"/> Non-international <input type="checkbox"/> Ocean going / <input type="checkbox"/> Non-ocean going (Please specify):

(1) Please enter the name of other class if dual or double class.

REGISTRATION

Classification not built under the Society's Survey	Classification Characters and Notations applying for	NS
	Character of Main Propulsion Machinery	MNS
	Descriptive Note(s)	
	Special Description	<input type="checkbox"/> n.s. <input type="checkbox"/> n.f. <input type="checkbox"/> Other (Please specify):
Registration of Installations not built under the Society's Survey	<input type="checkbox"/> Safety Equipment <input type="checkbox"/> Radio Installations <input type="checkbox"/> Crew Accommodation Arrangements (Applicable only to Japanese flag ships) <input type="checkbox"/> Marine Pollution Prevention Installations <input type="checkbox"/> Automatic and Remote Control Systems (<input type="checkbox"/> MC <input type="checkbox"/> M0 <input type="checkbox"/> M0 · A <input type="checkbox"/> M0 · B <input type="checkbox"/> M0 · C <input type="checkbox"/> M0 · D) <input type="checkbox"/> Navigation Bridge Systems (<input type="checkbox"/> BRS <input type="checkbox"/> BRS1 <input type="checkbox"/> BRS1A) <input type="checkbox"/> Cargo Handling Appliances <input type="checkbox"/> Preventive Machinery Maintenance Systems <input type="checkbox"/> Cargo Refrigerating Installations (<input type="checkbox"/> RMC <input type="checkbox"/> RMC · CA) <input type="checkbox"/> Integrated Fire Control Systems (<input type="checkbox"/> IFC · M <input type="checkbox"/> IFC · A <input type="checkbox"/> IFC · AM) <input type="checkbox"/> Anti-Fouling Systems (<input type="checkbox"/> AFS <input type="checkbox"/> AFS·C) <input type="checkbox"/> Other (Please specify):	

Attachments: Form 3A-1 Form 3A-2 Form 3A-3 Form 3A-4-1 Form 3A-4-2 4A

BILLING CONTACT ※ Please complete the following only in cases where the billing contact and applicant are different.

Name Address	Signature and/or Official Stamp
	Name in Block Capitals
	TEL
	FAX

For NK internal use	Receipt Date	Receipt No.
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Remarks:

1. Please send this form to the nearest ClassNK branch office.
2. Please attach the plans and documents stipulated in the ClassNK Guidance for the Survey and Construction of Ships.
3. If any of the information provided in this form changes or if undecided items have been determined, please inform the nearest ClassNK branch office.

Shipbuilder	Yard/Hull Number
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SURVEY AND ISSUANCE OF CERTIFICATES & ATTESTATION

※ The following information is not required for Japanese flag ships. Please submit an "APPLICATION FOR ISSUE OF CERTIFICATES (Form 4A)" separately.

Survey for Statutory Certificates and Issuance of Certificates (1) For Japanese flag ships, NK conducts surveys only. (2) For Japanese flag ships, the Japanese Government conducts surveys and issues certificate(s). <u>(3) The combination forms of SC, SE, and SR Certificates.</u>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px; vertical-align: top;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;">Survey</td> <td style="width:50%; padding: 5px;">Certificate</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/> Load Line <i>(Please fill in the boxes of the main particulars of load lines.)</i></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/> Passenger Ship Safety⁽²⁾</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/> Cargo Ship Safety Construction</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/> Cargo Ship Safety Equipment</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/> Cargo Ship Safety Radio⁽⁴⁾</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/> <u>Cargo Ship Safety</u>⁽³⁾</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/> Exemption (<input type="checkbox"/> Fixed Fire-Extinguishing System)</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/> Fitness for the Carriage of Dangerous Chemicals in Bulk⁽¹⁾</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"><input type="checkbox"/> Fitness for the Carriage of Liquefied Gases in Bulk⁽¹⁾</td> </tr> </table> </td> <td style="width:50%; 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Document of Compliance for a Non-party to a Convention	<input type="checkbox"/> Cargo Ship Safety Construction <input type="checkbox"/> Cargo Ship Safety Equipment <input type="checkbox"/> Cargo Ship Safety Radio <input type="checkbox"/> Oil Pollution Prevention <input type="checkbox"/> Pollution Prevention Certificate for the Carriage of Noxious Liquid Substances in Bulk <input type="checkbox"/> Other (Please specify):																																																						
Certificate of Fitness for National Regulations of Flag State <i>(Please indicate applicable requirements in space provided.)</i>	(Space for requirements)																																																						
Attestation of USCG	<input type="checkbox"/> Oil Pollution Prevention (33CFR Part155) <input type="checkbox"/> Liquid Gas Carrier (46CFR Part154) <input type="checkbox"/> Vapor Emission Control System (46CFR Part39) <input type="checkbox"/> Other (Please specify):																																																						
Other Certificate(s)	<input type="checkbox"/> ILO Crew Accommodation <input type="checkbox"/> Attestation of Load Lines <input type="checkbox"/> Attestation of Deadweight <input type="checkbox"/> Certificate of Keel Laying <input type="checkbox"/> Other (Please specify):																																																						

EFFECTIVE DATE AND APPLICATION

1. The effective date of the amendments is 1 January 2013.