

To: NIPPON KAIJI KYOKAI

Date: _____

**APPLICATION FOR
CERTIFICATION OF GWO CERTIFIED TRAINING, etc.**

I, the undersigned applicant, request the NIPPON KAIJI KYOKAI, to provide the certification services as described below in accordance.

Name of training course	<input type="checkbox"/> BST(Basic Safety Training)&BSTR(Basic Safety Training Refresher) (<input type="checkbox"/> First Aid <input type="checkbox"/> Manual Handling <input type="checkbox"/> Fire Awareness <input type="checkbox"/> Working at Heights <input type="checkbox"/> Sea Survival) <input type="checkbox"/> BTT (Basic Technical Training) (<input type="checkbox"/> Electrical <input type="checkbox"/> Hydraulics <input type="checkbox"/> Mechanical <input type="checkbox"/> Bolt Tightening <input type="checkbox"/> Installation) <input type="checkbox"/> ART(Advanced Rescue Training)&ARTR(Advanced Rescue Training Refresher) (<input type="checkbox"/> ART-Hub <input type="checkbox"/> ART-Nacelle <input type="checkbox"/> SART-Hub <input type="checkbox"/> SART-Nacelle) <input type="checkbox"/> EFA&EFAR <input type="checkbox"/> Blade Repair <input type="checkbox"/> Slinger Signaller <input type="checkbox"/> Wind Limited Access (<input type="checkbox"/> Onshore LA <input type="checkbox"/> Offshore LA) <input type="checkbox"/> Others (_____)
Type of Audit	<input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Renewal (Certification No. _____) <input type="checkbox"/> Occasional (_____)
Name and Address	WINDA Site ID _____ Name of Organization: _____ Address: _____ Training Location (Address) _____ Top Management: Name: _____ Position: _____ Person in charge (Contact person): Name: _____ Position: _____ Tel: _____ Fax: _____ E-mail _____ (Please fill in an appropriate organization or departmental e-mail address)
Expected date for on-site assessment	

Applicant & Billing Address :as stated below :as stated above

- Organization _____
- Tel. No. _____
- Fax No. _____
- Name & Position _____
- Signature _____

(Attachment)

Note: Please use the latest version downloaded from ClassNK website (<http://www.classnk.or.jp/>), then fill out completely and file with ClassNK.

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This attachment can be attached for Form MET-160-51E-00 and submitted to the NIPPON KAIJI KYOKAI (ClassNK) together with the said form.

Enclosed Documentation for the Approval of above Training Course/Programme:

<input type="checkbox"/>	Course framework
<input type="checkbox"/>	Course outline
<input type="checkbox"/>	Course schedule
<input type="checkbox"/>	Detailed teaching syllabus
<input type="checkbox"/>	Instructor manual
<input type="checkbox"/>	Examination and Assessment
<input type="checkbox"/>	Course Critique
<input type="checkbox"/>	Others

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