**Form AM-FE(J)**

消防設備及び呼吸具の検査及び整備事業所承認申込書

（承認審査\*1 臨時審査\*2 定期審査\*3 更新審査\*4 取下げ\*5）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| （一財）日本海事協会　御中 | | | | | | | | | 申込日: | | 年 | | | | | 月 | 日 |
|  | | | | | | | | |  | | | |  | | |
|  | | | | | | | | |  | | | |
| 事業者名（申込者） | | | | | : |  | | | | | | | | | | | |
| 連絡担当者及び連絡先 | | | | | : |  | | | | | | | | | | | |
|  | | | | | | Tel: |  | | | | | Fax: | |  | | | |
|  | | | | | | e-mail: | | | | | | @ | | | | | |
|  | | | | | |  | | | | | |  | | | | | |
| 下記事業所につき、「事業所承認規則」に基づき、 | | | | | | | | | | | | | | | | | |
|  | □ | | 承認審査を関連資料を添えて申し込みます\*1。 | | | | | | | | | | | | | | |
|  | □ | | 承認内容変更に伴う臨時審査を関連資料を添えて申し込みます\*2。  変更概要\*2: | | | | | | | | | | | | | | |
|  | □ | | 定期審査を申し込みます\*3。 | | | | | | | | | | | | | | |
|  | □ | | 更新審査を申し込みます\*4。 | | | | | | | | | | | | | | |
|  | □ | | 承認取下げを承認証書を添えて申し込みます\*5。  取下げ理由\*5: | | | | | | | | | | | | | | |
| 1. | | 対象事業所名\*1/\*2/\*3/\*4 | | | | | | | | | | | | | | | |
|  | | （和）: | |  | | | | | | | | | | | | | |
|  | | （英）: | |  | | | | | | | | | | | | | |
| 2. | | 住所\*1/\*2/\*3/\*4 | | | | | | | | | | | | | | | |
|  | | （和）: | |  | | | | | | | | | | | | | |
|  | | （英）: | |  | | | | | | | | | | | | | |
|  | | | | | | Tel: |  | | | | | Fax: | |  | | | |
|  | | | | | | e-mail | | | | | | @ | | | | | |
| 3. | | 主たる整備業務従事地区: | | | | | |  | | | | | | | | | |
| 4. | | 自蔵式呼吸具の整備を行う\*1/\*2/\*4 | | | | | | | | □行う | | | | | □行わない | | |
| 5. | | 承認番号\*2/\*3/\*4/\*5: | | | | | |  | | | | | | | | | |
| 6. | | 現地調査希望日\*1/\*2/\*3/\*4: | | | | | |  | | | | | | | | | |
|  | |  | | | | | |  | | | | | | | | | |
| 7. | | 添付提出資料\*1/\*2/\*3/\*4（各2部。承認審査以外にあっては該当する資料のみ提出する。）  (提出すべき資料の詳細については本会「事業所承認規則」を参照すること。) | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
| 8. | | 備考 | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |