

日付/Date _____

日本海事協会 行き
To: Nippon Kaiji Kyokai

膨張式救命いかだの整備期間延長申込書 Application for Extension of Period of Service of Inflatable Liferafts

日本海事協会の「登録規則」、「船級登録及び設備登録に関する業務提供の条件」及び「国際条約による証書に関する規則」を了承の上、海上人命安全条約の規定により、下記船舶の膨張式救命いかだの整備期間の延長を申し込みます。尚、前回の整備記録を添付します。

We hereby apply for your approval of extension of period of service of inflatable liferafts of the following ship in accordance with the Regulations 20,8.1.1 and 20,9.1 of Chapter III of SOLAS 1974 as amended. 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* of NIPPON KAIJI KYOKAI. For your reference, copies of the last service/inspection records are attached herewith.

船級番号/Class No.			
船名/Name of Ship			
船籍国/Flag			
製造者 Manufacturer			
型式/Type			
定員/Carrying Capacity			
台数/Numbers			
製造番号 Serial No(s).			
整備の期日/Due Date of Service			
希望延長期間/Period of Extension			
希望する延長後の期日/Due Date after Extension			
現在地から整備予定地までの運航予定	Schedule of Voyage from the port where the ship is now at to the port where the liferafts are to be serviced		
日付/Date	港名・国名/Name of Port, Country		
延長を必要とする理由/Reasons for Extension			
いかだの現状/Condition of the Liferafts:			

延長に関する手数料は、下記申込者が請求書受領後 30 日以内に支払います。

We, applicant undersigned, will pay the fee for the extension within 30 days after our receipt of an invoice.

申込者/Name of Applicant: _____

所在地/Address: _____

TEL: _____

FAX: _____ 担当者/Staff in Charge: _____