Date:
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## APPLICATION FOR CERTIFICATION OF MARITIME EDUCATION & TRAINING, etc.

I, the undersigned applicant, request the NIPPON KAIJI KYOKAI, to provide the certification services as described below in accordance with the "Rules for Certification of Maritime Education & Training".

Name of training course			
Assessment status, etc.	☐ Initial Assessment ☐ Occasional (☐ Attendance to Instructor	Renewal (Certification No. ) ) Training	
	Name of Organization: Address:		<u>—</u>
	Training Location (Address)		
Name and Address	Person in charge (Contact person in charge)  Name: Tel: E-mail	house training center)  Simulator Manufacturer (Other Specify:  Position:	)
Name of QMS Manual (Date of Latest version)			
Expected date for on-site assessment			
Applicant & Billing Addre	ess : as stated below	□:as stated above	
	-Organization -Tel. NoFax NoName & Position -Signature		
		(Attachment	□)

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

То	: NIPP	ON KAIJI KYOKAI	Date:	
		hment can be attached for Form MET-160 together with the said form.	0-51E-00 and submitted to the	NIPPON KAIJI KYOKAI
En	closed	Documentation for the Approval of above	e Training Course/Programme:	
		Course framework		
		Course outline		
		Course schedule		
		Detailed teaching syllabus		
		Instructor manual		
		Examination and Assessment		
		Course Critique		

Others