Form AM-HM(E)

Го	: ClassNK	Date: Ref. No.:		
Na	me of Firm (Applicant) :			
Co	ntact & Personnel :	7 1		P
		Cel:		Fax:
	_ <u>e</u>	-mail		<u>@</u>
		ts of Rules for	Approval of Mar	ufacturers and Service Suppliers, we
lei	reby make an application,	Firm attached o	locuments *1	
				which have been approved, attached
	documents ^{*2} ,			
	Outline of the alteration:			
	to carry out Periodical As		4	1 */
	to carry out Renewal Ass to withdraw the approval			
	<i>Reason</i> :		K Apploval Cell	
1.	Name of Firm *1/*2/*3/*4			
		-		
2.	Address of Firm *1/*2/*3/*4	1		
	<u></u>	Cel:		Fax:
	e	-mail		(a)
3.	Areas where service is suppl			
1.	Approved Number *2/*3/*4/			
5.	Intended date of field examin			nents only in the case of other occasion
6.	other than Initial Assessment		es, relevant docum	tents only in the case of other occasion
	(For the documents and da	ta to be submit		ecklist for Document Examination for
	Approval of Firms Engaged	in Preparation o	f inventory of haz	zardous materials (IHM).)
7.	Note :			
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