**Form AM-LR(E)**

**Application for Approval of Firms Engaged in Servicing Life-Saving Appliances**

**([ ] Initial\*1 [ ] Occasional\*2 [ ] Periodical\*3 [ ] Renewal\*4 [ ] Withdrawal\*5)**

|  |  |  |
| --- | --- | --- |
| To : ClassNK | Date: |  |
|  |  |  |
| Name of Firm (Applicant) | : |  |
| Contact & Personnel | : |  |
|  | Tel: |  | Fax: |  |
|  |  |  |  |  |
|  | e-mail | @ |
| On the basis of the requirements of *Rules for Approval of Manufacturers and Service Suppliers*, we hereby make an application, |
|  | [ ]  | for Initial Assessment of Firm, attached documents \*1, |
|  | [ ]  | for Occasional Assessment of an alteration to the items which have been approved, attached documents\*2,*Outline of the alteration*: |
|  | [ ]  | to carry out Periodical Assessment \*3, |
|  | [ ]  | to carry out Renewal Assessment and to renew the approval \*4, |
|  | [ ]  | to withdraw the approval with the ClassNK Approval Certificate attached \*5.*Reason*: |
| 1. | Name of Firm \*1/\*2/\*3/\*4 |
|  |  |  |
| 2. | Address of Firm \*1/\*2/\*3/\*4 |
|  |  |  |
|  | Tel: |  | Fax: |  |
|  | e-mail | @ |
| 3. | Areas where service is supplied: |  |
| 4. | Approved Number \*2/\*3/\*4/\*5 : |  |
| 5. | Intended date of field examination \*1/\*2/\*3/\*4 : |  |
| 6. | Attached documents and data \*1/\*2/\*3/\*4 (2 copies, relevant documents only in the case of other occasion other than Initial Assessment ) : |
|  | (For the documents and data to be submitted, refer to NK Rules “Rules for approval of Manufacturers and Service Suppliers.” |
| 7. | Note : |
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