Safety Transportation of Electric Vehicles

Application of Notation

TO: NIPPON KAIJI KYOKAI

APPLICANT

|  |  |  |  |
| --- | --- | --- | --- |
| Application Document No. |  | Application date | / / |
| Company name |  | TEL |  |
| Name of person in charge |  | E-mail |  |
| Address |  |

SHIP’S INFOMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Name of vessel |  | Class No. |  |
| Name of owner |  | Kind of vessel |  |
| Flag |  |

TYPE OF NOTATION AND DOCUMENTS TO BE SUBMITTED

|  |  |
| --- | --- |
| [ ] 　AFVC(FD)(EV) | [ ] Countermeasure for electric vehicle fire(document specifying the concepts for improving fire detection capability)[ ] Documents showing the fire detection capability improvement effects[ ] Plans for relevant systems[ ] Others（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） |
| [ ] 　AFVC(PS)(EV) | [ ] Countermeasure for electric vehicle fire(document specifying the concepts for preventing secondary fire)[ ]  Documents showing the fire prevention effects[ ]  Plans for relevant systems[ ]  Others（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） |
| [ ] 　AFVC(PFS)(EV) | [ ]  Countermeasure for electric vehicle fire(document specifying the concepts for preventing fire spread)[ ]  Documents showing the fire prevention effects[ ]  Plans for relevant systems[ ]  Others（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） |
| [ ] 　AFVC(FF)(EV) | [ ]  Countermeasure for electric vehicle fire(document specifying the concepts for fire fighting activity)[ ]  Documents showing the fire fighting effects[ ]  Plans for relevant systems[ ]  Others（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） |
| [ ] 　AFVC(EFF)(EV) | [ ] Documents and specification for fixed fire-extinguishing systems[ ] Results of factor analysis of operation reliability for fixed fire-extinguishing systems and risk analysis[ ] Countermeasures for operation reliability of fixed fire-extinguishing systems[ ] Others（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） |
| [ ] 　AMEVC(EV) | [ ] Countermeasure for safe escaping from vehicle carrier(Concept of escaping)[ ] Results of factor analysis safe escaping from vehicle carrier in case of fire in car hold[ ] Document or specification of equipment for escaping[ ] Others（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） |

PLAN FOR SURVEY

|  |  |
| --- | --- |
| Date |  |
| Location |  |

BILLING CONTACT*(Note) Please complete the following only in cases where the billing contact and applicant are different*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of company |  | TEL |  |
| Person in charge |  | E-mail |  |
| Address |  |  |  |