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 |  |  |  |