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| To: NIPPON KAIJI KYOKAI | Date: |  |

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| **APPLICATION FOR** **CERTIFICATION OF GWO CERTIFIED TRAINING, etc.** |

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| I, the undersigned applicant, request the NIPPON KAIJI KYOKAI, to provide the certification services as described below in accordance.  |

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| Name of training course  | □**BST(Basic Safety Training)&BSTR(Basic Safety Training Refresher)**　(□First Aid □Manual Handling □ Fire Awareness □Working at Heights　□Sea Survival)□**BTT（Basic Technical Training）** 　（□Electrical □Hydraulics □Mechanical □Bolt Tightening □Installation）□A**RT(Advanced Rescue Training)&ARTR(Advanced Rescue Training Refresher）**　（□ART-Hub □ART-Nacelle□SART-Hub □SART-Nacelle）□EFA＆EFAR □Blade Repair □Slinger Signaller □Wind Limited Access（□Onshore LA □Offshore LA）□Others（　　　　　 ） |
| Type of Audit | □ Initial □Annual □Renewal (Certification No. )□ Occasional ( )  |
| Name and Address | WINDA Site ID　　　　　　　　　　　　　　　　　　　　　　　　　　　　Name of Organization: Address:  Training Location (Address) Top Management: Name: Position: Person in charge (Contact person):Name: Position: Tel: Fax: E-mail  (Please fill in an appropriate organization or departmental e-mail address) |
| Expected date foron-site assessment |  |
|  |  |  |  |  |

Applicant & Billing Address □:as stated below □:as stated above

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| -Organization |  |
| -Tel. No. |  |
| -Fax No. |  |
| -Name & Position |  |
| -Signature |  |

(Attachment □)

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| To: NIPPON KAIJI KYOKAI | Date: |  |

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| This attachment can be attached for Form MET-160-51E-00 and submitted to the NIPPON KAIJI KYOKAI (ClassNK) together with the said form. |

 Enclosed Documentation for the Approval of above Training Course/Programme:

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| □ | Course framework |
| □ | Course outline |
| □ | Course schedule |
| □ | Detailed teaching syllabus |
| □ | Instructor manual |
| □ | Examination and Assessment |
| □ | Course Critique |
| □ | Others |