**Application for Wind Farm Certification（Initial）**

|  |  |  |
| --- | --- | --- |
| To: Nippon Kaiji Kyokai (ClassNK) | Application Date |  |

Applicant

|  |  |  |
| --- | --- | --- |
| Company Name |  | |
| Address |  | |
| Title |  | |
| Name of Representative |  | (Signature) |

We hereby request that ClassNK carries out the evaluation regarding the Wind Farm Certification and issue the Statement of Compliance and its relevant reports. This request is made on the basis that we accept the *NKRE-SP-0003:* *Wind Farm Certification* issued by ClassNK. We agree to pay all evaluation fees and expenses, regardless of whether its certification is completed or not.

1. Subject wind farm of the evaluation

|  |  |  |  |
| --- | --- | --- | --- |
| Wind Farm Name |  | | |
| Location (Address) |  | | |
| Wind Farm Operator |  | | |
| WT Manufacturer |  | | |
| WT Type |  | No. of WT |  |
| Tower Design |  | | |
| Foundation Design |  | | |
| Construction Control |  | | |

2. Subject to evaluation

|  |  |  |
| --- | --- | --- |
| Onshore | [M1] Site conditions (Wind condition) | [M2] RNA design |
|  | [M3] Support structure design (Tower) | [M4] Support structure design (Foundation) |
| Offshore (bottom fixed) | | |
| Offshore (floating) | | |

3. Contact details of the person in charge

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  | | |
| Title / Name (PIC) |  | | |
| TEL |  | E-mail |  |

4. Billing contact \*Please complete the following only in cases where the billing contact and applicant are different.

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  | | |
| Address |  | | |
| Name (Addressee) |  | | |
| TEL |  | E-mail |  |

5. Special notes

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