NIPPON KAIJI KYOKAI

Renewables and Environment Department

E-Mail: re@classnk.or.jp FAX: 03-5226-2060

Application for small wind turbine type certification (Surveillance)

I, undersigned applicant, am requesting a quotation under the following condition.

1.	Applicant						
	Date of application: (day, month, year)						
	Company name:						
	Detailed Address:						
	Name of representative:						
	Signature:						
	Tel: E-mail:						
2.	Type of application						
	Certification No.:						
	Date of initial certification: (day, month, year)						
3.	Contact Person						
	Company name:						
	Address :						
	Name of the person:						
	Tel: E-mail:						
4.	Note (Please check)						
	We read "NKRE-SP-0001 Guidance for Certification of Products" and understood the contents.						
5.	Submitted Documents *Submit the documents through NK-PASS						
	Checklist for applicant (Please check)	Checklist for NK					
1)	ISO9001 Certificate (for Applicant) (if any)						
2)	Quality Manual						

*Bottom column is for use in ClassNK.

Receipt Date:	(d),	(m),	(y)	Receipt Numb	oer:
Management Representative		Technical P.I.C		P.I.C	Administrative P.I.C