|  |  |
| --- | --- |
| **NIPPON KAIJI KYOKAI** | **【RE-071-39】** |
| **Renewables and Environment Department** | **Rev.3** |
| **E-Mail:**  | **re@classnk.or.jp** |  |
| **FAX:**  | **03-5226-2060** |  |

**Application for small wind turbine type certification （Occasional 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 Incident/Damage：** | **(day, month, year)****\*Registrant have to apply to ClassNK within one week after occurrence of incident / damage.** |
| **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)** | **[ ] Incident / damage prompt report**1. **Name of incident / damage**
2. **Date of incident / damage**
3. **Detailed location of incident / damage (including surrounding area)**
4. **Weather information before and after incident / damage**
5. **Contents of incident / damage**
6. **Current situation of wind turbines after incident / damage**
7. **Corresponding for incident / damage**
8. **Photograph of before and after incident / damage**
 | **[ ]**  |
| **2)** | **[ ] Design documents related to the contents of incident / damage.** | **[ ]**  |

**\*Bottom column is for use in ClassNK.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Receipt Date:** | **(d),       (m),       (y)** | **Receipt Number:** |  |
| **Management Representative** | **Technical P.I.C** | **Administrative P.I.C** |
|  |  |  |