**APPLICATION FOR DRAWING APPROVAL**

**図面審査申込書**

|  |  |
| --- | --- |
| **TO: NIPPON KAIJI KYOKAI** | **Material & Equipment Department (EQD) / Hull Department (HLD) / Machinery Department (MCD)** |

**APPLICANT / 申込者**

|  |  |  |  |
| --- | --- | --- | --- |
| Application Document No.  申込文書番号 |  | Application Date  申込日 |  |
| Company Name  御 社 名 |  | | |
| Address  御住所 |  | | |
| Person in charge  御担当者 |  | | |
| Signature and/or Official Stamp of Applicant  サイン又は印 |  | | |
| TEL |  | FAX |  |
| E-mail |  | | |

**Name of Ship / 船名**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Ship  船　　名 |  | Classification Number  船級番号 |  |
| Other  その他 |  | | |

**Outline of the modification / 改造内容**

|  |  |
| --- | --- |
| Outline of the modification  改造内容 |  |

**Drawings to be submitted / 提出図面**

|  |  |
| --- | --- |
| Drawing Name  図面名称 |  |

**Date and place of survey / 検査日と検査場所**

|  |  |
| --- | --- |
| Schedule  検査日 | From  To |
| Place  検査場所 |  |

**BILLING CONTACT** *(Note) Please complete the following only in cases where the billing contact and applicant are different.*

**手数料請求先** （本件に関する手数料等の支払者が申込者と異なる場合、請求先を下記にご記入下さい。）

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name  御 社 名 |  | | |
| Address  御住所 |  | | |
| Person in charge  御担当者 |  | | |
| TEL |  | FAX |  |
| E-mail |  | | |
| Other  その他 |  | | |