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| To: NIPPON KAIJI KYOKAI | Date: |  |

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| **APPLICATION FOR**  **CERTIFICATION OF MARITIME EDUCATION & 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 with the “Rules for Certification of Maritime Education & Training”. |

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| Name of training course | |  | | | |
| Assessment status, etc. | | □ Initial Assessment □Renewal (Certification No. )  □ Occasional ( )  □ Attendance to Instructor Training | | | |
| Name and Address | | Name of Organization:  Address:    Training Location (Address)  Type of Organization:   |  |  | | --- | --- | | □Maritime Academy | □Maritime Training Centre | | □Maritime Simulator Centre | □Ship Management Company (in-house training center) | | □Ship owner / Manager | □Simulator Manufacturer | | □Other | (Other Specify: ) |   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) | | | |
| Name of QMS Manual  (Date of Latest version) | |  | | | |
| Expected date for  on-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 |