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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 foron-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 |