

To: NIPPON KAIJI KYOKAI

Date: \_\_\_\_\_

## APPLICATION FOR CERTIFICATION OF GWO CERTIFIED TRAINING, etc.

I, the undersigned applicant, request the NIPPON KAIJI KYOKAI, to provide the certification services as described below in accordance.

Name of training course	<input type="checkbox"/> <b>BST(Basic Safety Training)&amp;BSTR(Basic Safety Training Refresher)</b> ( <input type="checkbox"/> First Aid <input type="checkbox"/> Manual Handling <input type="checkbox"/> Fire Awareness <input type="checkbox"/> Working at Heights <input type="checkbox"/> Sea Survival) <input type="checkbox"/> <b>BTT (Basic Technical Training)</b> ( <input type="checkbox"/> Electrical <input type="checkbox"/> Hydraulics <input type="checkbox"/> Mechanical <input type="checkbox"/> Bolt Tightening <input type="checkbox"/> Installation) <input type="checkbox"/> <b>ART(Advanced Rescue Training)&amp;ARTR(Advanced Rescue Training Refresher)</b> ( <input type="checkbox"/> ART-Hub <input type="checkbox"/> ART-Nacelle <input type="checkbox"/> SART-Hub <input type="checkbox"/> SART-Nacelle) <input type="checkbox"/> EFA & EFAR <input type="checkbox"/> Blade Repair <input type="checkbox"/> Slinger Signaller <input type="checkbox"/> Wind Limited Access ( <input type="checkbox"/> Onshore LA <input type="checkbox"/> Offshore LA) <input type="checkbox"/> Others ( _____ )
Type of Audit	<input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Renewal (Certification No. _____ ) <input type="checkbox"/> Occasional ( _____ )
Name and Address	WINDA Site ID _____ Name of Organization: _____ Address: _____ _____ Training Location (Address) _____ 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)
Expected date for on-site assessment	_____

Applicant & Billing Address  :as stated below  :as stated above

-Organization \_\_\_\_\_  
 -Tel. No. \_\_\_\_\_  
 -Fax No. \_\_\_\_\_  
 -Name & Position \_\_\_\_\_  
 -Signature \_\_\_\_\_

(Attachment )

**Note: Please use the latest version downloaded from ClassNK website (<http://www.classnk.or.jp/>), then fill out completely and file with ClassNK.**

To: NIPPON KAIJI KYOKAI

Date: \_\_\_\_\_

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:

<input type="checkbox"/>	Course framework
<input type="checkbox"/>	Course outline
<input type="checkbox"/>	Course schedule
<input type="checkbox"/>	Detailed teaching syllabus
<input type="checkbox"/>	Instructor manual
<input type="checkbox"/>	Examination and Assessment
<input type="checkbox"/>	Course Critique
<input type="checkbox"/>	Others

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