

To: NIPPON KAIJI KYOKAI

Date: _____

APPLICATION FOR CERTIFICATION OF SEAFARER RECRUITMENT & PLACEMENT SERVICE PROVIDERS

I, the undersigned applicant, request the NIPPON KAIJI KYOKAI, to provide the certification services as described below in accordance with the "Rules for the certification of seafarer recruitment and placement service providers".

Kind of Audit	<input type="checkbox"/> : Initial <input type="checkbox"/> : Annual <input type="checkbox"/> : Renewal <input type="checkbox"/> : Occasional (due to: _____)	
Kind of Certificate	<input type="checkbox"/> : Certification of MLC2006 Regulation 1.4 <input type="checkbox"/> : Statement of Compliance with the MLC	
Name and Address	Reg. 1.4 Certification No.: - (No entry for Initial Audit)	
	QMS Certification No.:	
	Organization Name: _____	
	Address: _____	
	Top Management:	
	Name _____ Position _____	
	Management Representative for Quality Management System:	
Name _____ Position _____		
Person in Charge:		
Name _____ Position _____		
Tel. _____ Fax. _____		
E-Mail _____ (Please fill in an appropriate organization or departmental e-mail address.)		
No. of Employees	1) Number of people	(_____) Persons in total
	2) Additional site(s)	<input type="checkbox"/> : No <input type="checkbox"/> : Yes (_____) site(s) (Please specify each number of site(s) separately.)
Expected Audit Date		

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

- Organization _____

- Tel. No. _____

Fax. No. _____

- Name & Position _____

- Signature _____

Necessary attachment;

- Declaration for Maritime Labour compliance of the seafarer recruitment and placement service providers
- The copy of valid license for SRPS issued by the government authority, if any.

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