Form AM-RI(E)

Application for Approval of Firms engaged in Survey Using Remote Inspection Techniques (RIT) as an Alternative Means for Close-up Survey

 ([ ] Initial\*1 [ ] Occasional\*2 [ ] Periodical\*3 [ ] Renewal\*4 [ ] Withdrawal\*5)

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| To : ClassNK | Date: |  |
|  |  |  |
| Name of Firm (Applicant) | : |  |
| Contact & Personnel | : |  |
|  | Tel: |  | Fax: |  |
|  |  |  |  |  |
|  | e-mail | @ |
| On the basis of the requirements of *Rules for Approval of Manufacturers and Service Suppliers*, we hereby make an application, |
|  | [ ]  | for Initial Assessment of Firm, attached documents \*1, |
|  | [ ]  | for Occasional Assessment of an alteration to the items which have been approved, attached documents\*2,*Outline of the alteration*: |
|  | [ ]  | to carry out Periodical Assessment \*3, |
|  | [ ]  | to carry out Renewal Assessment and to renew the approval \*4, |
|  | [ ]  | to withdraw the approval with the ClassNK Approval Certificate attached \*5.*Reason*: |
| 1. | Name of Firm \*1/\*2/\*3/\*4 |
|  |  |  |
| 2. | Address of Firm \*1/\*2/\*3/\*4 |
|  |  |  |
|  |  |  |
|  | Tel: |  | Fax: |  |
|  |  |  |  |  |
|  | e-mail | @ |
| 3. | Areas where service is supplied: |  |
| 4. | Thickness measurements and non-destructive testing\*1/\*2/\*4: | [ ] will be carried out.[ ] will not be carried out. ([ ] : check as appropriate) |
| 5. | In-water close-up survey \*1/\*2/\*4: | [ ] will be carried out.[ ] will not be carried out. ([ ] : check as appropriate) |
| 6. | Types of techniques\*1/\*2/\*4: | [ ] Unmanned Aerial Vehicles (UAV) [ ] Drones[ ] Unmanned robot arm　[ ] Remotely Operated Vehicles [ ] Climbers[ ] Other means:  |
| 7. | Approved Number \*2/\*3/\*4/\*5 : |  |
| 8. | Intended date of field examination \*1/\*2/\*3/\*4 : |  |
| 9. | Attached documents and data \*1/\*2/\*3/\*4 (2 copies, relevant documents only in the case of other occasion other than Initial Assessment ) :(For the documents and data to be submitted, refer to NK Rules “Rules for Approval of Manufacturers and Service Suppliers”.) |
| 10 | Note : |
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