

Application for Approval of Coefficient for Discharge of Safety Valves, etc. [安全弁等の K 値に係わる承認]		
Nippon Kaiji Kyokai [日本海事協会 御中]	(<input type="checkbox"/> New [新規] <input type="checkbox"/> Change [変更] <input type="checkbox"/> Renewal [更新])	Date [年月日]
Name of applicant [申請者氏名]		
Address [郵便番号、住所]		
Telephone, Fax No., E-mail etc. [電話、FAX 番号、メールアドレス等]		
<p>On the basis of the relevant requirements of the Rules for the Survey and Construction of Governmental and Naval Ships, we hereby request approval coefficient K of discharge of below described valve used in ships classed your Classification Society in accordance with the requirements Chapter 3, Part 7 of the Rules for the Approval and Type Approval of Materials and Equipment for Governmental and Naval Ships Use. This request is made on the basis that we accept the provisions of the <i>REGULATIONS FOR THE CLASSIFICATION OF GOVERNMENTAL AND NAVAL SHIPS, CONDITIONS OF CLASSIFICATION AND TECHNICAL SERVICES FOR GOVERNMENTAL AND NAVAL SHIPS</i> and <i>RULES FOR THE SURVEY AND CONSTRUCTION FOR GOVERNMENTAL AND NAVAL SHIPS</i> (as well as the provisions of <i>REGULATIONS FOR TECHNICAL SERVICES</i> when requesting technical services) of NIPPON KAIJI KYOKAI. Whether surveys are completed or not, we agree to pay all survey fees and expenses incurred as a result of the above-mentioned survey(s) and/or issuance of relevant certificate(s) within the payment term designated on your invoice.</p> <p>[日本海事協会の「官公庁船登録規則」、「官公庁船の船級登録及び技術サービスに関する業務提供の条件」及び「官公庁船の検査及び構造規則」(技術サービスを申込み場合は「技術サービス規則」を含む。)] を了承の上、官公庁船の検査及び構造規則の当該規則に基づき、官公庁船用材料・機器等の承認及び認定規則 7 編 3 章の規定に従い、次の安全弁等について K 値の承認を申請します。※検査手数料等は検査の可否に関わらず申込者に請求してください。]</p>		
Product name [製品名]		
Type and Model No. [形式呼称]		
Existing "Certificate of Approval" No. [承認番号]		
Existing "Certificate of Approval" Valid until [有効期限]		
Name of manufacturer (name of works is also to be stated) [製造者名 (工場名まで記載)]		
Address of Manufacturer (Tel, Fax No., E-mail) [製造者住所 (電話、FAX 番号、メールアドレス)]		
Attached data [添付資料]	Drawings [図面]	
	Other data [その他資料]	
Expected date of tests [試験施工日]		
Reference for liaison [連絡先]	Address, [住所]	
	Tel, Fax, E-mail [電話、FAX、メールアドレス]	
	Name of section in charge: [担当者の所属部署名]	
	Name of the person: [担当者名]	
Make public by list of approved materials and equipment [承認リストによる公示]	<input type="checkbox"/> Yes [公表する] <input type="checkbox"/> Yes (Partial) ※ [一部公表する] <input type="checkbox"/> No [公表しない]	
Remarks [備考]		

Notes:

- In case of shortage of space, fill out in a separate sheet(s). [記入欄が不足する場合は、別紙に記載して下さい。]
- Check the item concerned. Take off unnecessary characters with lines.
[該当の項目に✓を記入下さい。不要な文字は削除下さい。]
- ※ If there are contents (Particulars (or ratings), Special specification, etc.) to not be public, such contents are stated in the column "Remarks".
[公表できない内容(要目(又は定格), 特殊仕様, その他)がある場合は、それらの内容を備考欄に記入下さい。]