

Application for Approval of Firms engaged in Tightness Testing of Closing Appliances with Ultrasonic Equipment

Application Date:

We hereby request that you carry out the assessment and approval for the following service supplier. This request is made on the basis that we accept the provisions of RULES FOR APPROVAL OF MANUFACTURERS AND SERVICE SUPPLIERS and the correspondingly applied provisions of CONDITIONS OF SERVICE FOR CLASSIFICATION OF SHIPS AND REGISTRATION OF INSTALLATIONS.

General Information

Applicant (Company)	Name:	
	Address:	
Person in Charge	Mr./Ms.:	
Contacts	Tel:	Fax:
	E-mail:	
We hereby make an application for below;		
<input type="checkbox"/> Initial Assessment <input type="checkbox"/> Periodical Assessment <input type="checkbox"/> Renewal Assessment <input type="checkbox"/> Occasional Assessment due to alteration to the items which have been approved etc.* ¹ <input type="checkbox"/> Cancellation of Approval (Approval Certificate is to be attached to this application form)* ¹ .		
Alteration/Cancellation Reason (*1)		

Service Supplier Information (Indicated in Approval Certificate and NK Website)

Name			<input type="checkbox"/> Same as applicant
Address			<input type="checkbox"/> Same as applicant
Contacts	Tel:	Fax:	
	E-mail:		
	URL:		
NK Approval No. (N/A to Initial Assessment)			

Notes

Intended Date of Field Examination	
Other Request from the Applicant	
Submission of Documents	<p>Documents list is to be attached as necessary.</p> <ul style="list-style-type: none"> - Refer to NK "Rules for Approval of Manufacturers and Service Suppliers" for necessary documents. https://www.classnk.or.jp/hp/en/rules/tech_rules.aspx - Submit two sets of documents (in case of hard copy). - Except Initial Assessment, submission of the documents partly modified since last assessment is acceptable.