

Life-saving Appliances/Equipment
Application for Type Approval
(Initial, Renewal, Modification)

Ref.No./ Date of Application

To: Nippon Kaiji Kyokai

Name of Applicant :
Address :
Phone.No./ Fax.No. :
Name of the Person in Charge :

We hereby apply for type approval of the following appliances/equipment in accordance with the Guidance for the Approval of Materials and Equipment for Marine Use of Nippon Kaiji Kyokai.

Names/Types of Appliances/Equipment		
Type approval Nos. If Available		
Particulars		
Names of Manufacturer and Production Site		
Address of Manufacturer		
Drawings Documents Attached	Drawings	
	Documents	
Date of Tests/Inspections and Places		

Notes :

1. Use additional sheets if necessary
2. Tick off where appropriate