Form 6-10

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| APPLICATION FOR APPROVAL OF USE OFCRANKCASE EXPLOSION RELIEF VALVES([ ] Initial, [ ] Renewal, [ ] Modification)To: Machinery Department, NIPPON KAIJI KYOKAI 3-3, Kioi-cho, Chiyoda-ku, Tokyo 102-0094, JAPAN Your Reference No.: Date:Name of Applicant:Address:Phone No./Fax. No.:Name of the Person in Charge:We hereby apply for type approval of the following valve in accordance with the requirements of Chapter 10, Part 6 of the Guidance for the Approval of Materials and Equipment for Marine Use of Nippon Kaiji Kyokai. This request is made on the basis that we accept the provisions of CONDITIONS OF SERVICE FOR CLASSIFICATION OF SHIPS AND REGISTRATION OF INSTALLATIONS of NIPPON KAIJI KYOKAI. |
| Names/Types of valve |  |
| Type approval No.if available |  |
| Particulars |  |
| Names of Manufacturer and Production Site |  |
| Address of Manufacturer |  |
| Drawings and Documents Attached | Drawings |  |
| Documents |  |
| Date of Tests/Inspections and Places |  |

Notes:

1. Use additional sheets if necessary.

2. [ ]  Tick off where appropriate