Form EU-MR-APP-AA

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| Application of Annual Assessment for EU Mutually-Recognized Type ApprovalTo: Nippon Kaiji Kyokai　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 Date:Name of Applicant with stamp or signature: Address:Phone No.FAX No.E-mail address:We hereby request issuance of a certificate for the following item in accordance with the Guidelines for Type Approval of Products for Marine Use for EU Mutual Recognition. |
| Name of Article |  |
| Type(Those of similar type, if any, to be described separately.) |  |
| Particulars (or Ratings)(For explosion-proof apparatus, kind of explosion-proof construction, explosion class, and ignition group are to be stated.) |  |
| Applicable standards(Year of publication is also to be stated.) |  |
| Name of manufacturer(Name of works/plant is also to be stated.) |  |
| Address of manufacturer (name of works/plant is also to be stated.) |  |
| Attached data | Drawings | Drawing No. of main part |
| Other data |  |
| Expected date of factory inspection andExpected date of tests: |  |
| Reference for liaison | Address and Tel No.: |  |
| Name of section in charge: |  |
| Name of person in charge: |  |
| Remarks |

Remark:

1.　In case of shortage of space, fill out on separate sheet(s) of paper.

2.　Applicant is to be a liaison of the manufacturer for the item concerned.