

| Application of Annual Assessment for EU Mutually-Recognized Type Approval | | |
|--|----------------------------|--------------------------|
| To: 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 and Expected 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.