

Application for EU Mutually-Recognized Type Approval ( <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Modification)		
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 (The 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. Check the item concerned. Cross out unnecessary characters/items with lines.
3. Applicant is to be a liaison of the manufacturer for the item concerned.