

## Application for Ship Security Plan (SSP) Approval in accordance with ISPS Code

To NIPPON KAIJI KYOKAI ( ) Branch/Office

<b>1. Applicant</b>		Application No.		Application Date	
Company Name	Person in Charge (Stamp or Signature)				
Address	Name of Department				
Tel:	Fax:	E-mail:			
IMO Company Identification Number :					

We acknowledge the provisions of "RULES FOR AUDIT AND REGISTRATION OF SHIP SECURITY MANAGEMENT SYSTEMS" of NIPPON KAIJI KYOKAI (ClassNK) and request you to carry out a review and approval of our Ship Security Plan (SSP).

### 2. Kind of SSP Approval or Notification of changes

<input type="checkbox"/> Initial approval	<input type="checkbox"/> Amendments to an approved SSP	<input type="checkbox"/> Notification of changes to an approved SSP (Approval not required)
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### 3. Particulars of Ship

Name of Ship			
Flag		Port of Registry	
IMO No.		Class & Class No.	
Type of ship			
<input type="checkbox"/> Passenger ship	<input type="checkbox"/> Bulk carrier	<input type="checkbox"/> Gas carrier	
<input type="checkbox"/> Passenger high-speed craft	<input type="checkbox"/> Oil tanker	<input type="checkbox"/> Mobile offshore drilling unit	
<input type="checkbox"/> Cargo high-speed craft	<input type="checkbox"/> Chemical tanker	<input type="checkbox"/> Other cargo ship	
What language is to be used onboard? English other ( )			
Date of SSA carried out			

### 4. Attached document(s)

<input type="checkbox"/> 2sets of SSP including SSA / Cover page, Index, Revision record & Revision pages of amended SSP accordingly
<input type="checkbox"/> (in the case of amendments or change) 1 set of copies of existing pages which shall be superseded
<input type="checkbox"/> a copy of CSO Training Certificate
<input type="checkbox"/> a copy of (Provisional) Certificate of Registry (To be attached in the case of Non-NK Class ship)
<input type="checkbox"/> a copy of the DOC (To be attached in the case of DOC issued by other than NK)
<input type="checkbox"/> a copy of the "Continuous Synopsis Record (CSR)" (To be attached in the case of Japanese flag ship)

Note: Questionnaire for SSP Approval (Form MS-QPA) are not required in the case of this Application.

### 5. BILLING CONTACT

*\*Please complete the following on in cases where the billing contact and the above applicant are different.*

Company Name	Person in Charge		
Address	Name of Department		
Tel:	Fax:	E-mail:	

Application No.	
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**6. Message Area**