

Korean Register

Application for Approval of Materials and Equipment



Work ID No.		Date of Receipt	
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Applicant

Company Name			
Address			
Tel. No.		Fax. No.	
Company E-mail			
Person in Charge		Mobile No.	
		E-mail	

Factory

Company Name			
Address of Factory			
Tel. No.		Fax. No.	
Company E-mail			
Person concerned		Mobile No.	
		E-mail	

Kind of Approval

	TA	MP	DA	QA	MA	
Initial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TA : Type Approval MP : Approval of Manufacturing Process DA : Design Approval QA : Approval of Quality Assurance System MA : Approval of Manufacturer
Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Renewal/Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Annual/Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1. If you are applying for Renewal, Annual, Change or Occasional, please choose the Certificate number.

2. Where there are alterations to the product or documentation since previous approval contents, please describe details.

Product Information

(☐ In case of explosion-proof electric Equip.)

Kind of Product			
Model(Brand) or Grade			
Approval Range			
Date of Approval Test		Date to be Approval	

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Applicable Standards, Codes and Rules

Please state the standards that the product is to be certified as complying with (e.g. KR Rules), including, where applicable, those which are offshore or industrial

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Installation Location of Electric/Automation System (for Environmental Testing)

- ☐ Controlled environments only, to producer's specification
- ☐ Enclosed spaces subject to temperature, humidity and vibration: 5°C to 55°C
- ☐ Enclosed spaces subject to generated heat from other equipment: 5°C to 70°C
- ☐ Mounted on reciprocating machinery: 5°C to 55°C
- ☐ Open decks: -25°C to +70°C
- ☐ Additional tests e.g. IP65. Please state

Existing Quality System Certification Details

Please provide copy of Certificate(s) as data for reference

Do you have a current ISO 9001 registration? ☐ Yes ☐ No

If 'Yes' please state	Certification Body	
	Scope of Approval	

Attachments (details can be found on Instruction)

- ☐ Approval Test Plan and applicable Standards(TA, MP)
- ☐ Drawings and Specification(TA, MP, DA)
- ☐ Procedure for maintaining KR Quality Assurance System(QA)
- ☐ Data for reference(TA, MP, DA, QA)
- ☐ Etc

Invoice Charge (☐ Same as above applicant ☐ Same as above Factory)

<input type="checkbox"/> Invoice (Except Korean company)	<input type="checkbox"/> Tax invoice (incl. VAT)	<input type="checkbox"/> Tax invoice (excl. VAT)
BILLING CONTACT : When the billing contact and applicant are different, please fill out the follows.		
Company Name		
Address		
Tel. No.	Fax. No.	Company E-mail

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The undersigned hereby requests Korean Register of Shipping to carry out the Approval process for the above mentioned products in accordance with the requirements of the "Rules for Classification, Steel Ships" and/or the "Guidance for Approval of the Manufacturing Process and Type Approval, Etc.", and also agrees to pay all approval fee and expenses which will be incurred in the aforesaid approval.

() YY () MM ()

Applicant

The items in bold line are for KR Surveyor Use.

Cert. No.			
Checklist/Review for Service Request			
Check Items			
<input type="checkbox"/> Any special information or requirements including MOU or agreement <input type="checkbox"/> The relevant standards in the department's master list. (If not, please state them in the following instruction.) <input type="checkbox"/> This department has the necessary capability. (If not, please state other source(s) in the following instruction.) <input type="checkbox"/> Compliance with the Classification/Statutory requirements.			
Instruction			

Check : "X" as applicable or "-" as not applicable.

Reviewed by
(Signature)

Staff in Charge(Branch)			
Staff in Charge(HDO)			
Staff in Charge(CHN HDO)			