

KOREAN REGISTER OF SHIPPING



Application for	<input type="checkbox"/> Land-based test	<input type="checkbox"/> Readiness Evaluation
	<input type="checkbox"/> Shipboard test	<input type="checkbox"/> commencement of land-based test
	<input type="checkbox"/> Component test	<input type="checkbox"/> Readiness Evaluation
		<input type="checkbox"/> commencement of shipboard test
		<input type="checkbox"/> Review on components and test plan
		<input type="checkbox"/> Inspection and sampling of test specimen

Content of Application

Name of product			
Name of model			
Treatment Rated Capacity (m3/hr)			
Administration of granting Type Approval	<input type="checkbox"/> Yes (The Administration of initial Type Approval : ())	<input type="checkbox"/> Not yet approved by an Administration	
Approval as an AMS by USCG	<input type="checkbox"/> Yes (The date of Approval : () YYYY () MM () DD)	<input type="checkbox"/> Not yet approved as an AMS by USCG	
Company Name			
Address of company			
Address of manufacturing (if different from the above address)			
Tel. No.		Fax. No.	
Desired date of commencement of test or evaluation		() YYYY () MM () DD	

Test Facility

	Sub-IL	Contract Lab	Contract Lab	Test place (name of test facility or vessel)
Land-based test				
Shipboard test				
Component test				

Attachments	<input type="checkbox"/> Copy of the LOI(Letter of Intent) submitted to USCG <input type="checkbox"/> Documents according to 6.5 and its subparagraphs in 'procedure for approval test of BWMS under 46 CFR 162.060' <input type="checkbox"/> Any other documents ()
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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 46 CFR 162.060, 'procedure for approval test of BWMS under 46 CFR 162.060' and Quality Assurance Project Plans with the acknowledgement of the requirements in those documents, and also agrees to pay all relevant fee and expenses which will be incurred in the aforesaid test and/or evaluation.

Date of application () YYYY () MM () DD

Name of Applicant (Signature or stamp)

Address of Applicant

Tel. No. Fax. No. E-mail

Person in Charge Mobile No.

Checklist/Review for Service Request			JOB ID No.	
Receipt No.	Date of Receipt		Staff in Charge	
Check Items			Instruction	
<input type="checkbox"/> Any special information or requirements <input type="checkbox"/> The relevant standards in the department's masterlist (If not, refer to) <input type="checkbox"/> This department has the necessary capability. (If not, other source(s) :) <input type="checkbox"/> Compliance with the Classification/Statutory requirements.				
Remark : (☑ : Satisfactory, ☐ : N.A), The items in bold line are for surveyor use.			Reviewed by (Signature)	