Application for	KOREAN REGISTER OF SHIPPING													
Component test Readiness Evaluation Component test Review on components and test plan Component	-	Application for	La	and-based test	☐ Readiness Evaluation							OREAN RESISTER		
Component test Comp		Application for	opiication for —			comme	mencement of land-based test						4	
Component test Review on components and test plan Inspection and sampling of test specimen Name of product Name of model Treatment Rated Capacity (m3/hr) Not yet approved by an Administration of initial Type Appraval : Name of model Not yet approved by an Administration Not yet approved by an Administrati			☐ Sh	ipboard test		Readin	ess Evaluation	1						
Name of produce						comme	ncement of sh	ipboard test				FOUNDED 19	<u> </u>	
Name of product Name of model Name of model			☐ Co	omponent test		Review on components and test plan						OUNDE	,	
Name of product						Inspection and sampling of test specimen								
Name of mode Treatment Rate Capacity (m3/hr) Administration of granting Type Not yet approved by an Administration Not yet approved as an AMS by USCG Not yet yet approved as an AMS by USCG Not yet yet yet yet yet yet yet yet yet ye				C	onte	ent of A	pplication							
Treatment Rated Capacity (m3/hr)	Name of produc	t												
Administration Of granting Type	Name of model													
Approval as an AMS by USCG Setisfactory, B Not yet approved as an AMS by USCG Setisfactory, B Setisfactory, Setisfactory	Treatment Rate	d Capacity (m3/hr)												
Approval as an AMS by USCG		of granting	Type											
Not yet approval as an AMS by USCG Company Name											- /			
Address of company	Approval as an AMS by USCG) DD)		
Address of manufacturing (if different from the above address) Tel. No. Fax. No. E-mail 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	Company Name	:												
Tel. No.	Address of comp	pany												
Sub-IL Contract Lab Contract Lab Test place (name of test facility or vessel)			s)											
Sub-IL Contract Lab Contract Lab Contract Lab Contract Lab Test place (name of test facility or vessel)	Tel. No.					. No.	E-mail							
Sub-IL Contract Lab Contract Lab Test place (name of test facility or vessel)	Desired date of commencement of test or evaluation () YYYY ()]	DD			
Land-based test Shipboard test Shi	Test Facility													
Shipboard test Component test of BWMS under 46 CFR 162.060° Any operation accordance with the 46 CFR 162.060° Component test of BWMS under 46 CFR 162.060° Component test of BWMS unde		Sı	ab-IL	Con	tract	Lab	Cont	act Lab Test place (name o				test facility or v	ressel)	
Component test	Land-based t	test												
Attachments	Shipboard to	est												
Attachments	Component t	test												
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 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 The relevant standards in the department's masterlist (If not, refer to) This department has the necessary capability. (If not, other source(s):) Compliance with the Classification/Statutory requirements. Remark: (Satisfactory, : N.A.), The items in bold line are for surveyor use. Reviewed by	Attachments	Attachments Copy of the LOI(Letter of Intent) submitted to USCG Documents according to 6.5 and its subparagraphs in 'procedure for approval test of BWMS under 46 CFR 162.060'												
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 Instruction Any special information or requirements Check Items Instruction The relevant standards in the department's masterlist (If not, refer to) This department has the necessary capability. (If not, other source(s):) Compliance with the Classification/Statutory requirements. Remark: (S satisfactory, Statutory statutory requirements. Reviewed by														
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 Any special information or requirements The relevant standards in the department's masterlist (If not, refer to) This department has the necessary capability. (If not, other source(s):) Compliance with the Classification/Statutory requirements. Remark: (S satisfactory, S at isfactory, S at isfactory, S at isfactory, S at isfactory requirements. Remark: (S at isfactory, S at isfactory requirements. Reviewed by														
Name of Applicant Tel. No. Fax. No. Famil Person in Charge Checklist/Review for Service Request Date of Receipt Check Items Check Items The relevant standards in the department's masterlist (If not, refer to This department has the necessary capability. (If not, other source(s): Compliance with the Classification/Statutory requirements. Remark: (☑: Satisfactory, □: N.A), The items in bold line are for surveyor use. (Signature or stamp) E-mail Nobile No. Staff in Charge Instruction Naturation Instruction Reviewed by														
Address of Applicant Tel. No. Fax. No. E-mail Person in Charge Checklist/Review for Service Request Receipt No. Date of Receipt Check Items Check Items Instruction Any special information or requirements The relevant standards in the department's masterlist (If not, refer to This department has the necessary capability. (If not, other source(s): Compliance with the Classification/Statutory requirements. Remark: (Satisfactory, Satisfacto														
Tel. No. Fax. No. E-mail Person in Charge Checklist/Review for Service Request Receipt No. Date of Receipt Check Items Check Item	Name of Applicant (Signature or stamp)													
Person in Charge Checklist/Review for Service Request Receipt No. Date of Receipt Check Items Check Ite	Address of Applicant													
Checklist/Review for Service Request Receipt No. Date of Receipt Check Items Check Items Check Items Instruction Any special information or requirements The relevant standards in the department's masterlist (If not, refer to This department has the necessary capability. (If not, other source(s): Compliance with the Classification/Statutory requirements. Remark: (S: Satisfactory, S: N.A.), The items in bold line are for surveyor use. Reviewed by	Tel. No. Fax. No. E-mail													
Receipt No. Date of Receipt Staff in Charge Check Items Instruction □ Any special information or requirements □ The relevant standards in the department's masterlist (If not, refer to □ This department has the necessary capability. (If not, other source(s): □ Compliance with the Classification/Statutory requirements. Remark: (☑: Satisfactory, □: N.A), The items in bold line are for surveyor use. Reviewed by	Person in Charge Mobile No.													
Check Items ☐ Any special information or requirements ☐ The relevant standards in the department's masterlist (If not, refer to ☐ This department has the necessary capability. (If not, other source(s): ☐ Compliance with the Classification/Statutory requirements. Remark: (☑: Satisfactory, ☐: N.A.), The items in bold line are for surveyor use. Reviewed by	Checklist/Review for Service Request JOB ID N													
□ Any special information or requirements □ The relevant standards in the department's masterlist (If not, refer to □ This department has the necessary capability. (If not, other source(s): □ Compliance with the Classification/Statutory requirements. Remark: (☑: Satisfactory, □: N.A), The items in bold line are for surveyor use. Reviewed by	Receipt No.		Date of Receipt			T		Staff in Charge						
□ The relevant standards in the department's masterlist (If not, refer to □ This department has the necessary capability. (If not, other source(s): □ Compliance with the Classification/Statutory requirements. Remark: (☑: Satisfactory, □: N.A), The items in bold line are for surveyor use. Reviewed by	-		1	Check Items							In	struction		
□ This department has the necessary capability. (If not, other source(s): □ Compliance with the Classification/Statutory requirements. Remark: (☑: Satisfactory, □: N.A), The items in bold line are for surveyor use. Reviewed by														
□ Compliance with the Classification/Statutory requirements. Remark: (□: Satisfactory, □: N.A), The items in bold line are for surveyor use. Reviewed by		•))					
Reflered by	-			•				,						
■ (Signature)	Remark : (☑ : Sa	atisfactory, \Box : N.A.	A), The ite	ems in bold line	are fo	or survey	yor use.			Reviewed by (Signature)				