

# KOREAN REGISTER OF SHIPPING

- Application for
- Approval of Manufacturing Process(MP)
  - Type Approval(TA)
  - Design Approval(DA)
  - Approval of Quality Assurance System(QA)



- Initial    
  Renewal    
  Annual    
  Change    
  Occasional

| Content of Application  |   |                        |                              |                        |  |
|---|---|------------------------|------------------------------|------------------------|--|
| Name of Product   |   |                        |                              |                        |  |
| Model(Brand) or Grade   |   |                        |                              |                        |  |
| Approval Range  |   |                        |                              |                        |  |
| Company Name  |   |                        |                              |                        |  |
| Address of Factory  |   |                        |                              |                        |  |
| Tel. No.  |   | Fax. No.               |                              | E-mail                 |  |
| Date of Approval Test   |   |                        |                              | Date to be Approval    |  |
| Attachments   | <input type="checkbox"/> Approval Test Program and applicable Standards<br><input type="checkbox"/> Drawings and Specification, etc<br><input type="checkbox"/> Other Data to be submitted (details can be found on KR Website, <a href="http://www.krs.co.kr">http://www.krs.co.kr</a> ) |                        |                              |                        |  |
| <p>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.</p> <p>Date (      )YY (      )MM (      )DD</p> <p>Applicant (Signature or stamp)</p> <p>Address of Applicant</p> <p>Tel. No.                                  Fax. No.                                  E-mail</p> <p>Person in Charge                                  Mobile No.</p> |   |                        |                              |                        |  |
| <b>Checklist/Review for Service Request</b>   |   |                        | <b>JOB ID No.</b>            |                        |  |
| <b>Receipt No.</b>  |   | <b>Date of Receipt</b> |                              | <b>Staff in Charge</b> |  |
| <b>Check Items</b>  |   |                        | <b>Staff in Charge(H.O.)</b> |                        |  |
| <input type="checkbox"/> <b>Any special information or requirements including MOU or agreement</b><br><input type="checkbox"/> <b>The relevant standards in the department's masterlist.</b><br>(If not, refer to                                  )<br><input type="checkbox"/> <b>This department has the necessary capability.</b><br>(If not, other source(s) :                                  )<br><input type="checkbox"/> <b>Compliance with the Classification/Statutory requirements.</b>  |   |                        |                              | <b>Instruction</b>     |  |
|   |   |                        |                              |                        |  |
| Remark : (☑) : Satisfactory, (☐) : N.A), The items in bold line are for surveyor use.   |   |                        |                              |                        | <b>Reviewed by</b><br><br><b>(Signature)</b> |