

# KOREAN REGISTER OF SHIPPING

## APPLICATION FOR SHIP SURVEY

### PARTICULARS OF SHIP

Ship's Name	Class No.	<b>IMO No.</b>
Port of Registry / Flag	Gross Tonnage	
Date of Survey	Place of Survey	

### KIND OF SURVEY ( \* Fill in with "X" as applicable)

<b>I. Classification Survey</b> * * *			
Classification Survey During Construction		Classification Survey After Construction	
Special Survey		Annual Survey	
Intermediate Survey		Docking Survey	
Propeller Shaft(W/Jet, R / Peller) Survey		Boiler Survey (Main, Aux)	
Occasional Survey		CMS / PMS	
Alteration Survey		Cargo Gear Survey	
RMC Survey		Others ( _____ )	
<b>II. Statutory Survey on behalf of Korean Government</b>			
Special Survey		Annual Survey	
Intermediate Survey		<b>Others</b> ( _____ )	
<b>III. Marine Pollution Prevention Survey on behalf of Korean Government (MPP :OPP / NPP / SPP / APP)</b>			
Special Survey		Annual Survey	
Intermediate Survey		<b>Others</b> ( _____ )	
<b>IV. Convention Survey</b>			
Cargo Ship Safety Construction (SC) Survey		Bulk Chemical Code (BCH) Survey	
Cargo Ship Safety Equipment (SE) Survey + (CDG, BC Code)		International Gas Carrier Code (IGC) Survey	
Cargo Ship Safety Radio (SR) Survey		Gas Carrier Code (GC) Survey	
Passenger Ship Safety (PS) Survey		Existing Gas Carrier code (GC(E)) Survey	
MARPOL (IOPP, NLS, ISPP, IGPP, IAPP, AFS) Survey		Mobile Offshore Drilling Unit (MODU) Survey	
International Load Line (ILL) Survey		Convention Survey for International Labour Organization (ILO)	
International Bulk Chemical Code (IBC) Survey		Others ( _____ )	

\* In case of a classification **survey during/after construction**, Form **GF-1-Add(1/2~2/2)** should be made and enclosed herewith in addition.

The undersigned acknowledges the provisions of relevant Rules of Korean Register of Shipping and requests Korean Register of Shipping to carry out the survey(s) stated above, and also agrees to pay all survey fees and expenses which will be incurred in the aforesaid survey(s).

Applicant : ( ) YY ( ) MM ( ) DD (signature or Stamp)

Address :

Person in Charge: TEL No. : FAX No. :  
E-mail Add. :

Kinds of Bill for Survey fee	( ) INVOICE	( ) INVOICE(incl. VAT)	( ) INVOICE(excl. VAT)
Fee paid by :	Survey Report to be sent :		
* Mark "O" in ( ) above and notify us when any changes in Business Registration.			

<b>Check list of application form</b>		<b>JOB ID No. :</b>
<b>Receipt Number<sup>*1</sup> :</b>	<b>Date of receipt :</b>	<b>Surveyor in charge<sup>*2</sup> :</b> /
<input type="checkbox"/> Possible to carry out by this Branch / Site Office?		<input type="checkbox"/> To be Supported by Head Office <input type="checkbox"/> Requested to NE / JEO
<input type="checkbox"/> The Survey Status / CMS Status confirmed		<input type="checkbox"/> Each items on Application form confirmed
<input type="checkbox"/> Complied with Class Rules or Statutory requirements		<input type="checkbox"/> Relevant documents to perform the survey prepared

Remark : - (  ):Applicable (  ): N. A), The items in bold line are for Surveyor use  
 -\*1 : Fill receipt number on KR-WEB  
 -\*2 : In case of NE, fill NE Number and date of instruction received

**Reviewed by :**