## **Application Form**

Lifeboat & Launching Appliance Maintenance Engineering Training Course

To: Japan Ship-machinery Quality Control Association

Applicant (person in charge)
Company name:
Office name:

Company's address:

Title:

Date:

, 2024

Name:									
Phone:									
Facsimile	:		(DD/MM/YY: )  ear Department/Title Job description  (DD/MM/YY: )						
E-mail:									
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(Date of birth)		(DD/MM/YY:							
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Recommended by	Recommended by: Japan Marine United Corp. / Shigi Shipbuilding Co., Ltd. /								
(name of		Tsuneishi Facilities & Craft Co., Ltd. / Nishi-F Co., Ltd. /							
	manufacturer desiring Hoei Senpaku Co., Ltd. / Fujikura Composites Inc./								
delivery of the engineer certification)		Sekigahara Seisakusho Ltd. / Iknow Machinery Co., Ltd. / Mansei Inc. (Total companies)							
engineer certification )   Mariser IIIC. (10tal C									
Note 1: For qualificat	ion pur	rpose, state	e job history with peri	od of work experience in maintenance or					
			nching appliances.	(s) and indicate number of companies					
Note 2: Circle the name(s) of recommending manufacturer(s), and indicate number of companies. Note 3: If there are 3 or more participants, use copy (copies) of this form, and fill in participants' info									

Note 4: All personal information provided will be used for the purpose of this training course only.

## RECORD OF SERVICING (The last three years)

Service Provider:				Service Engineer :	Certificate no. :			
No	Name of Ship	Flag	IMO No.	Manufacturer	Equipment*1	Date of Servicing	Port of Servicing	Kind of Servicing*2

<sup>\*1</sup> Equipment : Survival Craft (Lifeboat, FF-lifeboat, Rescue Boat, High Rescue Boat), Release Gear(Lifeboat, FF-lifeboat, Rescue Boat, High Rescue Boat, Davit-Lunched liferafts), Davit (Lifeboat, FF-lifeboat, Rescue Boat, Davit-Lunched liferafts), Winch • Brake

<sup>\*2</sup> Kind of Servicing : Annual Inspection, Five-year Inspection