

<b>Type Approval Application Checklist</b>	
Details:	Document checklist (to be completed by the Applicant);
<b>1. Applicant:</b> (Company Name and Address of each location, Phone Number, Email address, Contact Person. Please provide information relating to your human and technical resources (including laboratories and/or inspection facilities), and its functions and relationship in a larger corporation/group, if any) 申込者のご住所、お電話番号、Email、ご担当者名を記入してください。Request for Marine Service (Form 2502TA) と同じ記載内容でお願い致します。	<input type="checkbox"/> Existing ISO 9001 certificate
<b>2. Manufacturer:</b> Please note that this name will be listed on the certificate (if different from 1: Company Name and Address, Phone Number, Email address, Contact Person. Please explain your relationship with the Applicant, any relevant legal obligations) 製造者が1項と異なる場合、ご住所、お電話番号、Email、ご担当者名を記入してください。	<input type="checkbox"/> Existing ISO 9001 certificate
<b>3. Authorized Representative:</b> (Name and Address, Phone Number, Email address, Contact Person). <b>Please note:</b> This is required for the Manufacturers not located in the territory of at least one European Union member State applying to the MED Certification). Details of Authorised Representative will not be listed on the certificate MED の場合、認定代理人の会社名とご住所を記入してください。	<input type="checkbox"/> Written mandate
<b>4. Place(s) of Production:</b> (if different from 1 or 2: Company Name and Address, Phone Number, Email address, Contact Person.) 製造場所が1項または2項と異なる場合、ご住所、お電話番号、Email、ご担当者名を記入してください。	<input type="checkbox"/> Existing ISO 9001 certificate
<b>5. For application for Module D or E only: Please provide information required in 5A. – to 5D for each Place of production:</b> 5A. Total number employees at the site: 5A1: No of shifts: 5B Total number of employees involved in the MED production (effective staff): 5C: No of Module B's applicable for the company/location 5D: No of MED categories MED Module D または E の申請時のみ記入してください。	
<b>For Man Day calculation refer to section 12</b>	
<b>6. Product:</b> Name: Description: Item number (for MED certification): MED/ Item number (for UKCA): UK/ Type: Application: Marine/Offshore/Industrial (delete as appropriate) Ratings:	<b>Please note that below documentation is required to be provided by the Applicant with each application:</b> <input type="checkbox"/> General/functional description of the product <input type="checkbox"/> Technical documentation including test report(s) <input type="checkbox"/> Copies of accreditation certificates and schedules (for the test house(s)) <input type="checkbox"/> Analysis and assessment of risk(s) <input type="checkbox"/> Product Specification/Literature data sheets

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Standards and/or other normative documents for which certification is sought: Other conditions: 申込み頂く製品の情報を各々記入してください。	<input type="checkbox"/> Design Drawings, sufficient to fully define the product <input type="checkbox"/> Software Quality Plan
<b>7. Type Approval Certificate: (Must be marked; Multiple options may be applicable)</b> 該当する項目にチェックしてください (必須/複数選択可)。 <input type="checkbox"/> New <input type="checkbox"/> Renew <input type="checkbox"/> Amend <input type="checkbox"/> LR Type Approval <input type="checkbox"/> MED <b>PLEASE SPECIFY WHICH NB:</b> <input type="checkbox"/> LRD OR <input type="checkbox"/> LRV BV <input type="checkbox"/> Module B <input type="checkbox"/> Module D <input type="checkbox"/> Module E <input type="checkbox"/> Module F <input type="checkbox"/> Module G <input type="checkbox"/> US Coast Guard <input type="checkbox"/> UKCA <input type="checkbox"/> Module B <input type="checkbox"/> Module D <input type="checkbox"/> Module E <input type="checkbox"/> Module F <input type="checkbox"/> Module G <input type="checkbox"/> US Coast Guard <input type="checkbox"/> EU Mutual Recognition <input type="checkbox"/> MCA <input type="checkbox"/> Transport Canada <input type="checkbox"/> Draft Type Approval Certificate required (will be issued prior to issue of final Certificate in order to allow a review)	<input type="checkbox"/> Copies of existing Module B EC Type Examination Certificates <input type="checkbox"/> Relevant Existing Certificates
<b>8. For Renewal or Amendments to an existing Certificate please state previous Certificate Number(s):</b> In addition, if you have a Module D/E Certificate to be amended please list the Certificate number: 更新または変更の場合、既存の証明書番号を記入してください。	
<b>9. Have any changes/amendments been made to the following since previous Certificate was issued?</b> 更新または変更の場合、前回からの変更有無をチェックしてください。 Product <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation <input type="checkbox"/> Yes <input type="checkbox"/> No Technical files previously submitted to LR <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, to any changes please provide: <input type="checkbox"/> Detailed description of changes <input type="checkbox"/> Relevant documentation
<b>10. Do you outsource any processes, production, or activities relating to your MED activities? Please note that for Module D/E an audit at suppliers can be necessary and additional audit days required. 外部委託の有無、有りの場合には詳細を記入してください。</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If yes, please provide details, including information concerning all outsourced processes used that will/may affect conformity to requirements; if another legal entity is used for producing the

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	certified product(s) that is different from your entity, then appropriate contractual arrangements shall be established with that entity.																																							
<b>11. Testing:</b>  Specified standards: (Including (Inter)National standards, International Conventions, Rules)  Environmental Testing in accordance with LR Test Specification No. 1: <b>電気機器の場合、該当する使用環境にチェックしてください。</b>  <input type="checkbox"/> ENV1 – controlled environments only, to producer’s specification <input type="checkbox"/> ENV2 – enclosed spaces subject to temperature, humidity and vibration: 5°C to 55°C <input type="checkbox"/> ENV3 – enclosed spaces subject to generated heat from other equipment: 5°C to 70°C <input type="checkbox"/> ENV4 – mounted on reciprocating machinery: 5°C to 55°C <input type="checkbox"/> ENV5 – open decks: -25°C to +70°C <input type="checkbox"/> Additional tests e.g. IP65: please state	<input type="checkbox"/> Proposed Test Programme, Test Report/Drawings <input type="checkbox"/> Existing Test Reports																																							
<b>12. Man Day Calculation</b> (To be completed by LR): <span style="color: blue;">(ご記入不要です)</span>  <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Site</th> <th rowspan="2">Standard / Code</th> <th rowspan="2">Type of Visit</th> <th colspan="2">Approx. Man Days</th> <th colspan="2">Man Days of follow up visits</th> </tr> <tr> <th>Work</th> <th>Travel</th> <th>Work</th> <th>Travel</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Site	Standard / Code	Type of Visit	Approx. Man Days		Man Days of follow up visits		Work	Travel	Work	Travel																													
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<b>13. Please provide</b> all other information such as information for initial evaluation and surveillance activities, e.g. the locations where the certified product(s) are produced and contact personnel at these locations.  <div style="border: 2px solid red; padding: 2px; color: blue;"> <b>初回検査を行う際に必要な情報（認定品を製作している場所、ご担当者名など）があればご記入ください。</b> </div>																																								
<b>14. Comments:</b>  <div style="border: 2px solid red; padding: 2px; color: blue;"> <b>上記の項目以外に何かありましたらご記入ください。</b> </div>																																								
<b>15. Declaration:</b>  I declare that information provided is true and complete and that the same application has not been lodged with any other notified body	<b>16. Client’s Name (block capitals please):</b> <span style="color: blue;">ご記入者名（全て大文字）</span>  <b>Signature:</b> <span style="color: blue;">ご署名</span>  <b>Date:</b> <span style="color: blue;">ご記入日</span>																																							

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17. Application review conducted by (Name, date and signature): (LR use only) (ご記入不要です)	