



# MY CLASSIFICATION

OP-P12-F012

Ref. No.:

## APPLICATION FOR APPROVAL AS SERVICE SUPPLIER

This form should be filled in by the applicants applying for MY Classification's approval as service supplier/ servicing station in accordance with the Society's Rules for Classification of Ships. The application is to be forwarded by email, fax or online application.

Company Name:		
Address:		
Telephone No:	Telefax:	E-mail:
Contact Person(s):		
Parent Company Name(s):		
Address:		
Type of service(s) provided/ To be approved (check off all applicable):		
<input type="checkbox"/> Thickness measurements on Ships, High Speed & Light Craft and Mobile Offshore Units (MOU)		
<input type="checkbox"/> Tightness testing of hatches with ultrasonic equipment on ships, High Speed & Light Craft and Mobile Offshore Units (MOU)		
<input type="checkbox"/> In- water survey of Ships, High Speed & Light Craft and Mobile Offshore Units (MOU)		
<input type="checkbox"/> Surveys and maintenance of Fire extinguishing equipment, systems and self-contained breathing apparatus on Ships, High Speed & Light Craft and MOU		
<input type="checkbox"/> Servicing and testing of radio communication equipment on Ships, High Speed & Light Craft and MOU		
<input type="checkbox"/> Service on inflatable life-rafts, inflatable lifejackets, HRU and inflated rescue boats on Ships, High Speed & Light Craft and MOU		
<input type="checkbox"/> Inspection and testing of centralised gas welding and cutting equipment on ships, High Speed & Light Craft and MOU		
Number of Employees: (Note: If there is a company organogram, please attach a copy)		
Types of specialised equipment used:		
Area of Service Coverage (State / Port):		
<b>I request that MY Classification accept this application for approval as Service Supplier for the above listed Company, as reflected by our choice(s) selected.</b>		
<b>I request that MYC attend our firm as deemed necessary, in order to facilitate the approval process.</b>		
<b>It is understood that the event of the specified approval not being completed, then MY Classification reserves the right to charge fees for costs already incurred.</b>		
Signature:		
Name (in block capitals): .....		
Place: .....	Date: .....	