



MALAYSIA MARINE DEPARTMENT
HEADQUARTERS,
MENARA DIUS API
PT664, JALAN LIMBUNGAN
42007, PORT KLANG, SELANGOR.

Tel: +603 – 3162 9977
E-mail: bkim@marine.gov.my

LAMPIRAN 1

NON-EXCLUSIVE RADIO SURVEYOR APPLICATION FORM

Applicant's Name:

Organization Name:

Address:

Declaration:

- I / We* hereby declare that the information provided in the questionnaire is correct.
- I / We* hereby declare that the information provided in the questionnaire, which was previously submitted, is still valid.
- I / We* agree to pay all fees/costs pertaining to the issuance of certificate and any expenses which may be properly chargeable.

To: Director of Marine
Malaysia Marine Department
Port Kelang.

Sir,

Please be informed that I / we* would like to apply for an office inspection* as applied below:

Types of Inspection:

- ☐ Interim / Initial / Renewal
☐ Annual Inspection

Proposal date for inspection:

.....
(signature)

Position :
Mobile No. :
E-mail :
Date :

**delete where applicable*

Please return (e-mail) duly completed form to the above-mentioned address. Attention to Maritime Industrial Control Division, Malaysia Marine Department HQ, Port Klang.

QUESTIONNAIRE

Please fill in this questionnaire to allow us to understand your business to serve you with the best positive manner.

1. Company's Particular and Branches:

Status of company: ☐ Person ☐ Company ☐ Others

Tel. No.: _____

Fax. No.: _____

E-mail: _____

BIL. No.	ELEMEN Element	CATATAN Remark
1.	Jenis Radio Dibenarkan <i>Authorization Radio Type</i>	
2.	Sijil Pemeriksaan CLASS <i>CLASS Survey Certificate</i>	
3.	Nama Pengurus/ Pemeriksa Perkhidmatan: <i>Service Manager / Inspector Name:</i>	

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