

QUOTATION REQUEST -FIRE RETARDANT TREATMENT FOR MATERIALS AND FABRICS ON BOARD VESSEL

Type of Vessel :

Conformity Certificate + Report Required for Administration / Class ?

Vessel Name

IMO Number

Gross Tonnage (GRT)

L.O.A. mt (as per COR)

Flag of Registry

Class

Owner / Customer Details:

Fire Retardant Treatment Required for the following Items On board Vessel

Details of Material(s) To Be Treated

HANGING

Total Area to be Treated (m²)

UPHOLSTERY

Total Area to be Treated (m²)

FLOORING

Total Area to be Treated (m²)

BEDDING

Total Area to be Treated (m²)

Details of Material(s)

Please supply type (silk, linen, wool etc...) & estimated or known weight gram/m². If unknown categorize as light – Medium – Heavy

HANGING

Details

UPHOLSTERY

Details

FLOORING

Details

BEDDING

Details

Vessel Location For Treatment:

Requested Date of Application

Name:

Rank:

Contact Email:

Contact Telephone:

