

THIRD PARTY REQUIREMENTS FORM

Company Name:		
Address:		
City:	State, Zip:	Date:
Phone:	Fax:	E-Mail:
Customer Contact Name:		Country:
Crosby Proposal Number:	Quantity:	
Equipment Description:	Customer P.O.:	
Type of Application:		
End Users / Operator:	Rig/Vessel Name or I.D.:	
Geographical Location:		

REGULATIONS/ CODES/ STANDARDS

American Bureau of Shipping	Det Norske Veritas	Lloyds Register	Other
<input type="checkbox"/> Guide for the Classification of Drilling Systems	<input type="checkbox"/> DNVGL-ST-E271 2.7-1 Offshore Containers	<input type="checkbox"/> Lifting Appliances in a Marine Environment	<input type="checkbox"/> API 8C
<input type="checkbox"/> Guide for Certification of Lifting Appliances Guide for Certification of Cranes	<input type="checkbox"/> DNVGL-ST-0378 Standard for Offshore Containers & Platform Lifting Appliances	<input type="checkbox"/> Other LR	<input type="checkbox"/> API 2C
<input type="checkbox"/> Steel Vessels Rules	<input type="checkbox"/> DNVGL-OS-E101 Drilling Facilities		<input type="checkbox"/> Other
<input type="checkbox"/> Other ABS	<input type="checkbox"/> Rules for Classification: Offshore Units DNVGL-RU-OU-0101		<input type="checkbox"/>

Other:

OPERATING CONDITIONS

Minimum Design Temperature:	Working Load:
Load Conditions:	

EXTENT OF THIRD PARTY INVOLVEMENT:

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