

Application Form for Thermostat Test

To the President,
Japan Electrical Safety & Environment Technology Laboratories:

I wish to apply the thermostat described below in accordance with Operating Regulations on Testing and Registration of Thermostats, and hereby apply for test in accordance with the provisions of Article 3 of the Operating Regulations.

1. Applicant for registration

Company name:

Representative Job title:

Name:

Address:

2. Product Name:
1. Thermostat
 2. Self-resetting thermal cut-out
 3. Temperature limiter
 4. Manual-resetting thermal cut-out

3. Type:

4. Manufacturing Factory (list all if more than one):

Factory name:

Address:

5. Person in the charge of this application

Address:

Company name:

Section & Job title

Name:

TELEPHONE:

Fax:

E-mail:

6. Attached documents: Type classification (two copies), drawing (two copies), photograph (two copies).

Supplement to the application for test and points to be confirmed

(Please tick the appropriate)

1. Issue of Test Report

Yes No

2. Confirmation of the Addressee and other points

1) For inquiries, JET is to contact ;

Person in charge of this the application

Reference No. 1 below Reference No. 2 below

2) The Certificate and Test Report are to be sent to ;

Person in charge of this the application

Reference No. 1 below Reference No. 2 below

3) The bill for testing fees and other related charges is to be sent to ;

Person in charge of this the application

Reference No. 1 below Reference No. 2 below

(If the bill is to be addressed not to the applicant, please write the addressee.)

Reference No. 1

Company name:

Address:

Person in charge:

Section, Job title:

Telephone:

Fax:

E-mail:

Reference No. 2

Company name:

Address:

Person in charge:

Section, Job title:

Telephone:

Fax:

E-mail:

Power of Attorney

Date: (m) / (d) / (y)

To. Japan Electrical Safety & Environment Technology Laboratories

[Applicant]

(Please enter "Name and address of applicant" of Application form)

Company name:

Address: [zip code(postcode)]

Section, Job title:

Person in charge:

Signature or Seal

I hereby entrust the following person as agent of the applicant with the application for CMJ Registration test, CMJ Registration , and delegate full authority to him for making application, changing the entry/entries of the Registration, and doing the related other procedures.

[Agent]

Company name:

Address: [zip code(postcode)]

Section, Job title:

Person in charge:

Telephone:

Fax:

E-mail:

[Validity of this Power of Attorney] (Please tick the appropriate box below.)

Till the change of the agent

From to [(mo.)(day),(year)]

Remark: If it is a new Power of Attorney, please submit the original. Next time onwards, please submit its copy.