

Application form for Registration of Insulation Material (CMJ Registration)

Date:

Ref.No :

To the President ,
Japan Electrical Safety & Environment Technology Laboratories

I wish to register the insulation material described below in accordance with JET's Guidelines on Registration of Certified Material, and hereby apply for registration in accordance with the provisions of Section 4.1 of the Implementation Guidelines.

1. Applicant for registration

Company name:

Representative Job title:

Name:

Address:

2. Material:

3. Grade Name:

4. Registration Properties (Please fill in only the corresponding item)

Color: Thickness: Temperature: Flammability class:

5. Name of Applicant for registration:

Address:

6. Representative brand and product name, brand and symbols of materials included in the same group:

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

Factory Name:

Address :

8. Criteria of test

Upper Temperature Limit for Organic Insulation Materials

Ball pressure temperature (°C preparatory test (looking for upper temp.))

0.1mm vicat softening temperature

Flammability (Horizontal Burning, Vertical Burning)

Glow-wire Flammability (GWFI GWIT)

Comparative tracking index (CTI)

Expected material group: I ($600 \leq CTI$) II ($400 \leq CTI < 600$)

IIIa ($175 \leq CTI < 400$) IIIb ($100 \leq CTI < 175$) Unknown

Other (IEC number etc.)

9. Application New application

Additional application (Registration No.)

10. Registration request to CMJ registration Yes No

11. Confirmation (1) Applicant shall observe the regulation of JET's Guidelines on Registration of Certified Components, and agree with all information service needed to register the material evaluation.

(2) We will discard the test sample after the test completion because of the sample destruction and combustion, etc.

Agree Disagree (Test may not be proceeded without applicant agreement)

12. Person in the charge of this application

Address:

Company name:

Section & Job title

TELEPHONE:

Name:

Fax:

E-mail:

**Supplement to the Application for Registration of Insulation Material
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:

Application form for Registration of Insulation Material (Accompanying paper)

Describe below only the case of applying for “Upper Temperature Limit for Organic Insulation Materials”. For others, it is unnecessary.

Detailed information regarding “Upper Temperature Limit for Organic Insulation Materials”

1. Type of test Basic Material Test Simplified Test
2. Type of specimen
 - For wiring Molding Molding (Cast)
 - Tube Film Other ()
3. Expected maximum working temperature (°C)
4. Filler, Base material
5. Details of composition (attach a separate sheet)
6. Manufacturing methods
7. Characteristic test item
8. Requirement of provisional registration
 - Yes (°C) No
 - Yes—Requirement of preparatory test (°C)
9. In case of similar materials, show the name or/and registration number of Basic Material Test.

Attached documents

1. Test report – general properties (physical and chemical), exposure temperature and anticipated TI, etc.
2. In the case of materials that have been certified by UL, attach documentation confirming the certification.
(However, “For wiring”, “Tube “and “Tape” are excluded)
3. Items required for application.

Note: JET fills in below, please leave blank.

Fees

Amount billed at time of application	Receipt of payment	Amount billed at time of testing completed	Receipt of payment
<input type="checkbox"/> Registration fee <input type="checkbox"/> Analysis fee			

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.

This is the example of entry of this application form

Application form for Registration of Insulation Material (CMJ Registration)

There is no necessity to fill in "Date" and "Ref No."

Date:
Ref.No :

To the President ,
Japan Electrical Safety & Environment Technology Laboratories

I wish to register "1" and "5" in accordance with JET's Guidelines on Registration of Insulation Material in accordance with JET's Guidelines.

In case that the applicant and manufacturing factory (company name and address) are different, please fill in applicant's company name and address.

1. Applicant for registration

Company name: **JET Co., Ltd.**
Representative Job title: **Q. A. Section, Manager** Name: **Taro Denki**
Address: **5-14-12, Sibuya-ku, Yoyogi, Tokyo, Japan**

2. Material: **Polyamide 6**

3. Grade Name: **JET 2021-10**

4. Registration Properties (Please)

Example 1 : In case of polymer alloy
"Polycarbonate/acrylonitrile butadiene styrene resin"
Example 2 : In case of "For wiring" "Polyvinyl Chloride compound"

Horizontal Burning Color: All Color Thickness: **1.5mm** Flammability class: **40mm/min**

5. Name of Applicant for registration: **JET Co., Ltd.**

Address: **5-14-12, Sibuya-ku, Yoyogi, Tokyo, Japan**

6. Representative brand and product name, brand and group: **JET 2021-11**

In case that the polymer is same and the composition of the additive is similar, some grade can be in the same group. However, grouping definitions are different in each examination. Please contact JET if you'd like further information.

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

Factory Name: **JETCo.,Ltd. Rokko Island Plant**
Address : **4-1, Kouyouchounishi, Higashinada-ku, Kobe-shi, Hyogo**

8. Criteria of test

- Upper Temperature Limit for Organic Insulation Materials
- Ball pressure temperature (160°C preparatory test (look))
- 0.1mm vicat softening temperature
- Flammability (Horizontal Burning, Vertical Burning)
- Glow-wire Flammability (GWFI GWIT)
- Comparative tracking index (CTI)
- Expected material group: I (600 ≤ CTI) II (400 ≤ CTI < 600)
- IIIa (175 ≤ CTI < 400) IIIb (100 ≤ CTI < 175) Unknown
- Other (IEC number etc.)

In case of new factory, please submit "section B"

9. Application

- New application
- Additional application (Registration No.)

10. Registration request to CMJ registration Yes No

11. Confirmation (1) Applicant shall observe the regulation of JET's Guidelines on Registration of Certified Components, and agree with all information service needed to register the material evaluation.

(2) We will discard the test sample after the test completion because of the sample destruction and combustion, etc.

Agree Disagree (Test may not be proceeded without applicant agreement)

12. Person in the charge of this application

Address: **5-14-12, Sibuya-ku, Yoyogi, Tokyo, Japan**
Company name: **JET Co., Ltd.**

Section & Job title: **Q. A. Section** Name: **Shintaro Yoyogi**
TELEPHONE: **03-0000-0000** Fax: **03-0000-0000**

There is no necessity to fill in signature or stamp

E-mail: **tokyo@jet.or.jp**

This is the example of entry of this application form

**Supplement to the Application for Registration of Insulation Material
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: **JET Customer Service Co., Ltd.**

Address: **1-12-30 Motomiya, Tsurumi-ku, Yokohama-shi, Kanagawa**

Person in charge: **Taro Yokohama**

Section, Job title: **Customer Service Department**

Telephone: **+81-45-0000-0000** Fax: **+81-45-0000-0000** E-mail: **yokohama@jet.or.jp**

Reference No. 2

Company name:

Address:

Person in charge:

Section, Job title:

Telephone:

Fax:

E-mail:

This is the example of entry of this application form

Application form for Registration of Insulation Material (Accompanying paper)

Describe below only the case of Insulation Materials". For others, it is

In case that the polymer is same and the composition of the additive is similar to the brand that has been already registered, "simplified test" or "omission of test" is applied. Please contact JET if you'd like further information.

Detailed information regarding "Upper Temperature Limit for Organic Insulation Materials"

1. Type of test Basic Material Test Simplified Test
2. Type of specimen
 - For wiring Molding Molding (Cast)
 - Tube Film Film
3. Expected maximum working temperature (180 °C)
4. Filler, Base material **Glass filler**
5. Details of composition (attach a separate sheet)
6. Manufacturing methods
7. Characteristic test item **Dielectric strength, Tensile Strength, Charpy impact**
8. Requirement of provisional registration
 - Yes (130 °C) No
 - Yes – Requirement of preparatory test (°C)
9. In case of similar materials, show the name or/and registration number of Basic Material Test.

Please choose from "Dielectric strength", "Tensile strength", "Flexible strength", "Elongation", "Charpy impact", "Tensile impact".
In case of "For wiring", "Dielectric strength", "Tensile strength" and "Elongation" must be selected.

← In the case of a simplified test, please fill in registration No.

Attached documents

1. Test report – general properties (physical and chemical), exposure temperature and anticipated TI, etc.
2. In the case of materials that have been certified documentation confirming the certification.
(However, "For wiring", "Tube" and "Tape" are excluded)
3. Items required for application.

"Preparatory test" is the test in search of temperature for provisional registration by JET.

Note: JET fills in below, please leave blank.

Fees

Amount billed at time of application	Receipt of payment	Amount billed at time of testing completed	Receipt of payment
<input type="checkbox"/> Registration fee <input type="checkbox"/> Analysis fee			

Please use this form only if agent is applying on your behalf

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:

Power of attorney requires
signature or stamp

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.