

(Form 5-1/3)

Notice of Change in Certification (Change in the Certified Product)

Date:
Receipt No.
(To be filled in by JET)

To Japan Electrical Safety & Environment Technology Laboratories

According to the Rules for Operation of JET Certification, we hereby submit the Notice of Change in Certification in order to make the following change(s) related to Certificate No. below.

1. Certificate Recipient

Company name:

Address:

2. Certificate No.:

3. Description of change (Tick off the appropriate box below with a cross.)

- As shown in the attachment
 Described below

4. Issue of Certificate (Tick off the appropriate box below with a cross.)

- Yes (subject to fees)
 No

5. Person in the charge of this application

Company name

Address

Section & Job title

Name (Signature or seal)

TELEPHONE:

FAX:

E-mail:

Remark: When adding a new product, please submit Application for JET Certification as specified in Form 1.

Receipt No.

(To be filled in by JET)

(Please tick the appropriate)

6. Issue of Test Report

- Yes (subject to fees) (Simplified Detailed) (Japanese English) version

Remark: If English version is to be issued, please give us the name and address of the company in English.

Please be forewarned that the restricted Test Report may be issued depending on the content of the application.

- No

7. Request for quick issue of the Certificate (subject to fees if the report is requested to be issued earlier than in a month after the application.)

- Yes (by _____ month/day/year)
- No

8. Information on test samples (Please show shipping schedule, the number of cartons and other necessary information below.)

Remark: Please note that JET is to inform the applicant how many samples are needed for the testing after the content of the submitted documents is checked at JET's section in charge.

If large samples are to be delivered to JET's laboratory, please consult beforehand with the laboratory

- Samples are to be shipped to JET on (_____ month/day/year).
The number of packages:
- Samples are to be delivered to JET directly on (_____ month/day/year).
- Other information: (_____)

9. 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.)
4. Return of the tested sample(s) ;
The tested samples are to be returned to (Carrying charges are to be collected on delivery):
Person in charge of this the application
Reference No. 1 below Reference No. 2 below
The samples are to be picked up by the applicant.
The samples are to be discarded by JET (Small-sized sample(s) only. The discarding charges are to be borne by the applicant.)

(Form 5-3/3)

Receipt No.

(To be filled in by JET)

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: