Request for Cancellation of Certification

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 request to cancel the Certification with respect to the product as listed below.

1. Certificate Recipient Company name:

Address:

- 2. Certificate No.:
- 3. Product name:
- 4 . Model: (Tick off the appropriate box below with a cross.)
 - □ All models

XNotice: In the case of cancellation of all models, all records related to this certification will be disposed after 10 years from the date of cancellation.

Some models (Please write all models. If necessary, please add an attached sheet.)

FAX:

- 5. Issue of Certificate (Tick off the appropriate box below with a cross.)
 - \Box Yes (subject to fees)
 - □ No
- 6. Person in the charge of this application Company name

Address

Section & Job title

Name (Signature or seal)

TELEPHONE:

E-mail:

Receipt No.

(To be filled in by JET)

(Please tick the appropriate \Box)

- 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. Confirmation of the Addressee and other points)

1.	For inquiries, JET is to contact ; Person in charge of this the application 			
	□ Reference No.		ce 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 (If the bill is to be addressed not to the applicant, please write the addressee.)			
Referenc	æ No. 1			
Compa	any name:			
Addres	SS:			
Section	n, Job title:			
	n in charge:			
Teleph	one:	Fax:	E-mail:	
Referenc	æ No. 2			
Compa	any name:			
Addres	SS:			
Section	n, Job title:			
	n in charge:			
Telephone:		Fax:	E-mail:	