（様式第18）

受付番号：（JETで記載します。)

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

委　　任　　状

POWER of ATTORNEY

|  |  |
| --- | --- |
| Date: |  |

一般財団法人　電気安全環境研究所　御中

To Japan Electrical Safety & Environment Technology Laboratories

|  |  |  |
| --- | --- | --- |
| 申込者　　　　　 　※：認証（更新）申込書の「認証申込者」をご記入下さい。  (Applicant)　　　　　（Please enter “ Applicant” of the Certification (update) application form） | | |
| 会社名  (Company name) |  | |
| 住　所  (Address) |  | |
| 所属・役職  (Division, Position) |  | |
| 責任者名  (Person in charge) |  | （署名又は捺印）  (Signature or seal) |

私（申込者）は、次の者を代理人と定め、下記に記載する委任期間、委任内容に記載する事項を委任します。

We, the Applicant, do hereby appoint the company specified below to act on our behalf and to handle

the acts set forth below for the period specified below.

|  |  |  |  |
| --- | --- | --- | --- |
| 代理人(Agent) | | | |
| 会社名  (Company name) |  | | |
| 住　所  (Address) |  | | |
| 所属・役職  (Division, Position) |  | | |
| 責任者名  (Person in charge) |  | |  |
|  | TEL： | FAX： | |
| E-mail： | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 委任期間(Validity of this power of attorney) | | | | | | |
|  | 代理人に変更があるまで(Until the agent is changed.) | | | | | |
|  | 期間を定める(Set the period) | | | | | |
|  | from（ |  | ）より | until（ |  | ）まで |
|  | 委任内容が終了するまで(Until the entrusted business is finished.) | | | | | |

|  |
| --- |
| 委任内容(Details of Entrustment) |
| （例：系統連系保護装置等認証業務規程に係る認証の申込み等に関する一切の権限）(Example.: full powers to apply for Certification　of low-voltage grid interconnection protection device, etc.) |