

(Form 8-1/2)

## Request for Cancellation of Certificate

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

To Japan Electrical Safety & Environment Technology Laboratories

According to the Rules of Article 18.1 7) for Operation on Certificate of water-supply Utensils ,we hereby request to cancel the Certificate 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

※Notice: 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.)

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

Yes ( subject to fees)

No

6. Person in the charge of this application

Company name

Address

Section & Job title

Name

(Signature or seal)

TELEPHONE:

FAX:

E-mail:

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(Please tick the appropriate )

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. Request for issue of the cancel

- Yes (by        /        /        [month/day/year])  
 No

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.)

Reference No. 1

Company name:

Address:

Section, Job title:

Person in charge:

Telephone:

Fax:

E-mail:

Reference No. 2

Company name:

Address:

Section, Job title:

Person in charge:

Telephone:

Fax:

E-mail: