(To be filled in by JET)

Application for Test Standards Change Test

Date:

Receipt No.

То	Japan Electrical Safety & Environment Technology Laboratories	
	eccording to the Rules for Operation of JET Certification, we hereby submit the Application for the Test andards Change Test as specified below.	
1.	Certificate No.:	
2.	Product name	
3.	Model: (attach another sheet if necessary.)	
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:	

(1 0	1111 10-210)
	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.	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); □Person in charge of this the application □Person in charge of this the application □Reference No. 1 below □Reference No. 2 below □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.)

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(To be filled in by JET)

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: