

(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

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:

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:

(Attached document 1)

Receipt No.

(To be filled in by JET)

Declaration of Technical Specification

1. Product name:
2. Model and its rating: (Rated voltage, rated frequency, rated power consumption, etc.)
(If they are not one, please write all combinations. If necessary, please add a sheet / sheets.)
3. Technical information:
(Please provide the product's photos, drawings, the description on the casing materials, component listings, circuit diagrams, markings, instruction manuals, and other information necessary to conduct the tests. If the space on this sheet is not sufficient, please attach the necessary materials.)

(Attached document 2)

Power of Attorney

Date: (m) /(d) /(y)

To. Japan Electrical Safety & Environment Technology Laboratories

[Applicant]

(Please enter "1. Applicant" of the Application for JET Certification)

Company name:

Address: [zip code(postcode)]

Section, Job title:

Person in charge:

(Signature or Seal)

I hereby entrust the following person as agent of the applicant with the application for JET Certification, and delegate full authority to him for making application, changing the entry/entries of the Certification, and doing the related other procedures.

[Agent]

Company name:

Address: [zip code(postcode)]

Section, Job title:

Person in charge:

Telephone:

Fax:

E-mail:

[Validity of this Power of Attorney] (Please tick the appropriate box below.)

☐ Till the change of the agent☐ From / / to / / {(m)/(d)/(y)}

Remark: If it is a new Power of Attorney, please submit the original. Next time onwards, please submit its copy.

Receipt No.

(To be filled in by JET)

Application for Testing based on Procedures of Testing at Manufacturers' Premises

To Japan Electrical Safety and Environment Technology Laboratories

Hereby we apply for testing of the products stated hereunder at the manufacturer's premises.

- [illegible]