

(Form 7-1/2)

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

☐ 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:

Receipt No.

(To be filled in by JET)

(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. 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: