

様式第四  
Form 4

(第2号検査／海外製造事業者用)

適合性同等検査申込書  
Application for Conformity Assessment

受付番号：

Project No.

(JET記載欄)  
(To be filled in by JET)

一般財団法人 電気安全環境研究所 御中  
To Japan Electrical Safety & Environment Technology Laboratories

電気用品安全法第9条第1項に規定する同条第2項の証明書と同等なものの確認を受けたいので、申込書別紙の「適合性同等検査申込みに係る承諾事項 (PSE-RE-405)」の内容を承諾の上、次のとおり申し込みます。

We hereby apply for Conformity Assessment on the Specified Electrical Appliances and Materials as stated below, in order to obtain the Statement of Conformity as specified in the Article 9, Paragraph 1 of Electrical Appliances and Materials Safety Act. We submit this application accepting "Conditions for Application for Conformity Assessment (PSE-RE-405)" on the attachment to the application.

1. 申込者 (海外製造事業者)

Applicant (manufacturer outside Japan)

会社名 Company name

住 所 Address

責任者名 The person responsible for the application

(署名又は捺印)  
(Signature or seal)

所属・役職 Division / Post

責任者の住所 Address of the responsible person (If different from the above one of the Company)  
(上記と異なる場合)

TEL :

FAX :

E-mail

2. 申込内容の詳細

Details to the application

別紙のとおり

As shown in the attachment

3. 適合同等証明書副本交付：

Official duplicate of the Statement of Conformity

☐ 有 ( 部 )  
need copy/copies

☐ 無  
Not necessary

**【Is this your first application?】** (Please tick the appropriate box.)

[illegible]

## LIST of FACTORY (FACTORIES)

### I . If it is your first application to JET

Please specify all factory (factories) relevant to the application.

|                    |  |
|--------------------|--|
| Factory 1          |  |
| Name of factory    |  |
| Address of factory |  |
| Factory 2          |  |
| Name of factory    |  |
| Address of factory |  |
| Factory 3          |  |
| Name of factory    |  |
| Address of factory |  |

(If they are more than three, please specify them on the additional sheet(s).)

### II . If any Statement of Conformity Assessment was issued to you by JET before

|                                                                                                                    |                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Is the factory for this application the same as for the previous Statement?<br>(Please tick the appropriate box. ) |                                                                                                                                                                                                                    |
| <input type="checkbox"/> Yes                                                                                       | Please fill in the number of the relevant Statement below.<br>(It is not necessary to specify the factory here.)<br><br>Statement Number (JET                      —                      —                      ) |
| <input type="checkbox"/> No                                                                                        | Please proceed to the item “ I ” .                                                                                                                                                                                 |

## INFORMATION FOR INTERACTION

|                                                                |                                                |     |
|----------------------------------------------------------------|------------------------------------------------|-----|
| JET's inquiries about this application are to be addressed to: |                                                |     |
| <input type="checkbox"/>                                       | Responsible person for the application         |     |
| <input type="checkbox"/>                                       | Agent as specified in Annex to the application |     |
| <input type="checkbox"/>                                       | As below                                       |     |
| Name of company                                                |                                                |     |
| Address                                                        |                                                |     |
| Division / Post                                                |                                                |     |
| Name of person in charge                                       |                                                |     |
| TEL/FAX                                                        | TEL                                            | FAX |
| E-mail                                                         |                                                |     |

|                                                                           |                                                |     |
|---------------------------------------------------------------------------|------------------------------------------------|-----|
| The Statement of Conformity Assessment and Test Report are to be sent to: |                                                |     |
| <input type="checkbox"/>                                                  | Responsible person for the application         |     |
| <input type="checkbox"/>                                                  | Agent as specified in Annex to the application |     |
| <input type="checkbox"/>                                                  | As below                                       |     |
| Name of company                                                           |                                                |     |
| Address                                                                   |                                                |     |
| Division / Post                                                           |                                                |     |
| Name of person in charge                                                  |                                                |     |
| TEL/FAX                                                                   | TEL                                            | FAX |
| E-mail                                                                    |                                                |     |

|                                                        |                                                |     |
|--------------------------------------------------------|------------------------------------------------|-----|
| The testing fee and other expenses are to be borne by: |                                                |     |
| <input type="checkbox"/>                               | Responsible person for the application         |     |
| <input type="checkbox"/>                               | Agent as specified in Annex to the application |     |
| <input type="checkbox"/>                               | As below                                       |     |
| Name of company                                        |                                                |     |
| Address                                                |                                                |     |
| Division / Post                                        |                                                |     |
| Name of person in charge                               |                                                |     |
| TEL/FAX                                                | TEL                                            | FAX |
| E-mail                                                 |                                                |     |

|                                                                                   |                                                |     |
|-----------------------------------------------------------------------------------|------------------------------------------------|-----|
| The bill is to be sent to:                                                        |                                                |     |
| (If the bill for the fee and expenses is to be sent not to the same one as above) |                                                |     |
| <input type="checkbox"/>                                                          | Responsible person for the application         |     |
| <input type="checkbox"/>                                                          | Agent as specified in Annex to the application |     |
| <input type="checkbox"/>                                                          | As below                                       |     |
| Name of company                                                                   |                                                |     |
| Address                                                                           |                                                |     |
| Division / Post                                                                   |                                                |     |
| Name of person in charge                                                          |                                                |     |
| TEL/FAX                                                                           | TEL                                            | FAX |
| E-mail                                                                            |                                                |     |

| What to do with the products after testing? |                                                                                                                          |     |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----|
| <input type="checkbox"/>                    | The applicant collects the tested products.                                                                              |     |
| <input type="checkbox"/>                    | JET is to dispose of the tested products (small-sized products only). The applicant bears the expenses for the disposal. |     |
| <input type="checkbox"/>                    | The tested products are to be sent to (with payment to be made by the addressee) :                                       |     |
| <input type="checkbox"/>                    | Responsible person for the application                                                                                   |     |
| <input type="checkbox"/>                    | Agent as specified in Annex to the application                                                                           |     |
| <input type="checkbox"/>                    | As below                                                                                                                 |     |
| Name of company                             |                                                                                                                          |     |
| Address                                     |                                                                                                                          |     |
| Division / Post                             |                                                                                                                          |     |
| Name of person in charge                    |                                                                                                                          |     |
| TEL/FAX                                     | TEL                                                                                                                      | FAX |
| E-mail                                      |                                                                                                                          |     |

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(Applicant)              |                                 |
|-----------------------------|---------------------------------|
| 会社名<br>(Company name)       |                                 |
| 住 所<br>(Address)            |                                 |
| 所属・役職<br>(Division, Post)   |                                 |
| 責任者名<br>(Person in charge ) | (署名又は捺印)<br>(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<br>(Company name)      |          |       |
| 住 所<br>(Address)           |          |       |
| 所属・役職<br>(Division, Post)  |          |       |
| 責任者名<br>(Person in charge) |          |       |
|                            | TEL :    | FAX : |
|                            | E-mail : |       |

|                                          |                                                        |
|------------------------------------------|--------------------------------------------------------|
| 委任期間(Validity of this power of attorney) |                                                        |
| <input type="checkbox"/>                 | 代理人に変更があるまで(Until the agent is changed.)               |
| <input type="checkbox"/>                 | 期間を定める(Set the period)                                 |
| from (                                   | ) より      until (      ) まで                            |
| <input type="checkbox"/>                 | 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：電気用品安全法に基づく適合性同等検査の申込みに関する一切の権限) (Example.: full powers to apply for conformity assessment under the Electrical Appliances and Materials Safety Act) |  |

(変更までの期間又は定めた期間内のお申し込みについては当該委任状の写しを必ず提出して下さい。)  
(While this power of attorney is valid, please submit its copy for each relevant application.)

## Conditions for Application for Conformity Assessment

JAPAN ELECTRICAL SAFETY & ENVIRONMENT TECHNOLOGY LABORATORIES

The following conditions shall be accepted for Application for Conformity Assessment.

### **【Matters related to Application 】**

1. All arrangements necessary for Conformity Assessment shall be made by Applicant including the following:
  - All information necessary for evaluation of the Specified Electrical Appliance or Material of which Conformity Assessment is to be carried out shall be provided to JET.
  - JET shall be, upon request, allowed to enter the manufacturing factory and/or contact the manufacturing personnel when JET judges it necessary for Conformity Assessment.
  - The person(s) in charge of the testing facilities, etc. at the manufacturing factory shall be, upon request, present in the inspection of the testing facilities.
2. The application is incomplete unless JET receives all of the following: products for testing and necessary documents .
3. If the products for testing and the necessary documents are not delivered to JET within 6 month after the application form is submitted, the Application shall be considered to be withdrawn for Applicant's reasons.
4. JET may partially outsource the product test and/or the inspection of the testing facilities for Conformity Assessment. JET informs Applicant it at the time of the reception if outsourcing is adopted.

### **【Matters related to Statement of Conformity Assessment 】**

5. Statement of Conformity Assessment is valid only to the extent of the stated Type Classification, and the fact that the Statement of Conformity Assessment is issued cannot be made public without the valid Statement of Conformity Assessment.
6. The fact that the Statement of Conformity Assessment is issued shall not be announced in such a way that may injure JET's reputation.
7. The fact that the Statement of Conformity Assessment is issued shall not be announced in such a way that is not permitted by JET or that may lead to misunderstanding.
8. The use of all advertisements referring to the fact that the Statement of Conformity Assessment is issued shall be stopped when the government gives instructions to prohibit the marking, etc.
9. The Statement of Conformity Assessment shall be used only to show the fact that the product concerned was assessed and passed.
10. When Applicant provides Notifying Supplier in Japan, who imports the products concerned, with a copy of the Statement of Conformity Assessment, application shall be made to JET for issue of an official duplicate of the Statement of Conformity Assessment. If a copy of the Statement is provided to other people as a sample, the Statement shall be copied entirely.
11. Request by JET, if any, shall be satisfied when the issued Statement of Conformity Assessment is referred in information media, such as documents, pamphlets and advertisements.
12. The records on complaints about Specified Electrical Appliances and Materials covered by the Statement of Conformity Assessment shall be maintained and made available to JET upon request. Besides, the following steps shall be taken.
  - Appropriate measures shall be taken on the above complaints and the products whose conformity to the Technical Requirements of the Electrical Appliances and Materials Safety Law has turned out to be questionable.
  - The taken measures shall be set down in writing.
13. After Statement of Conformity Assessment is issued, JET shall be allowed to make public the registered information (Applicant's name, the name of Specified Electrical appliances and Materials and the Statement Number).
14. If JET is requested by law to disclose classified information, JET shall be allowed to disclose it after notifying Applicant of the matters about which disclosure is requested.

### **【Matters related to any nonconformity identified during the Conformity Assessment】**

15. If a lack of conformity is identified during the product test or the inspection of testing facilities, JET gives notice on nonconformity (the fact that conformity cannot be achieved without appropriate improvement) as a result of the Conformity Assessment.

Any continuation of the Conformity Assessment with a proposal for the improvement shall be applied within 40 days after the above notice. Such an application with a proposal for the improvement cannot be made more than twice.

**【Matters related to products for testing】**

16. Products for testing shall be delivered to Tokyo, Yokohama or Kansai Laboratory, as designated by JET. Applicant shall be responsible for the transportation.
17. If the products for testing are with damage or a defect when delivered and JET informs Applicant about it, Applicant shall take measures to meet the situation immediately.
18. After the testing JET does not restore the tested products to their original condition, and shall not be responsible at all for the disassembly and damage caused by the test.
19. Applicant shall collect the tested products within 50 days of the completion of the test, and have no objection to JET's disposal of them if they are not collected within the above period. The expenses for the return or disposal of the tested products shall be borne by Applicant.

**【Matters related to payment policy for Conformity Assessment fee】**

20. Applicants are requested to prepay an assessment fee according to JET's estimate as a general rule. If an applicant applies to JET for the first time, JET starts testing after JET receives the prepayment. If an applicant applies to JET not for the first time, an assessment fee may be paid after JET carries out testing, but, as the case may be, JET may request prepayment depending on JET's judgment.

**【Confidentiality】**

21. JET shall use any information obtained from the Applicant regarding the Products and their manufacturing only for the Conformity Assessment, and shall not use any such information for other purposes, nor provide it to a third party without the consent of the Applicant or without a justifiable reason by the laws and regulations. Provided that the same shall not apply to any information which was in the public domain at the time of the conclusion of this Agreement, any information which has got to be publicly known after the conclusion of this Agreement without JET's malicious intent or negligence, or any information which JET acquired lawfully from a third party.

**End of document**

## 試験品の構造、材質及び性能の概要

## The Outline of Products for testing : Structure, Material and Performance

## 1. 構造の概要 The Outline of Structure

(製品のモデル名、並びに当該製品の機能、構造、動作原理などの概要を記載して下さい)

(Please state the model name of the product as well as the outline of its function, structure and operating principles and so on.)

## 2. 材質 Material

(外郭及び主要部品の材料(変圧器、電動機などは「巻線の絶縁の種類」の根拠となる絶縁物名)を記載して下さい)

(Please state the material of the outer case and main components (as for transformers, motors and so on, the name of the insulator by which “winding insulation class” is to be judged).)

## 3. 性能又は定格 Performance (Ratings)

(性能、電圧・消費電力などの電気定格等、「型式の区分」が判断できる内容を記載して下さい)

(Please state the factors by which “Type Classification” can be judged, such as performance, the ratings for voltage, power consumption and so on.)

## 4. 技術的情報 Technical information

(試験品の写真・図面、構成部品一覧表、回路図、取扱説明書、その他試験を実施するために必要な資料)

(Please provide photos, drawings, a list of components, circuit diagrams, an instruction manual and other information necessary for testing.)

特定電気用品の表示  
Marking for Specified Electrical Appliances and Materials

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |  |                                                                          |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--|--------------------------------------------------------------------------|-------------------------|
| 1. 特定電気用品への表示 Markings on "Specified Electrical Appliances and Materials"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |  |                                                                          |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |  |                                                                          |                         |
| 2. 荷札又は包装容器への表示 Markings on the Labels, Tags or Packaging<br>(電線、ヒューズ、配線器具、変圧器等の特例)<br>(Special cases for cables, cords, wiring devices, transformers and so on.)                                                                                                                                                                                                                                                                                                                                                                                                        |                         |  |                                                                          |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |  |                                                                          |                         |
| 3. 届出事業者の略称又は登録商標 Notifying Supplier's abbreviation or registered trademark<br>(電気用品安全法施行規則第 17 条の規定により表示すべき届出事業者の氏名又は名称について、略称又は登録商標を用いる場合、経済産業大臣の承認を受けた略称、又は経済産業大臣に届け出た登録商標に限ります)<br>If the Notified Supplier is to use its abbreviation or registered trademark based on the provision at Article 17 of Enforcing Rules for Electrical Appliances and Materials Safety Act, the abbreviation must be approved by the Minister of Economy, Trade and Industry and Notice on the registered trademark must be submitted to the Minister of Economy, Trade and Industry. |                         |  |                                                                          |                         |
| 略称表示<br>承認日<br>The Date of<br>approval for<br>the<br>abbreviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 年 月 日<br>Year Month Day |  | 登録商標<br>表示届出日<br>The Date of<br>Notice on the<br>registered<br>trademark | 年 月 日<br>Year Month Day |

**特定検査設備調査準備のためのご質問**  
**Questionnaire for scheduling the Authorized Inspection Facilities Field Verification**

受付番号：

Project No.

(JET記載欄)

(To be filled in by JET)

## 1 製造工場の名称及び所在地 Manufacturer's registered name and factory address

|                |  |
|----------------|--|
| 工場名<br>Name    |  |
| 所在地<br>Address |  |

## 2 工場の連絡者 Contact person in factory

|          |                                          |
|----------|------------------------------------------|
| a. 連絡者名  | Name                                     |
|          |                                          |
| 所属・役職    | Department / Post                        |
|          |                                          |
| TEL      |                                          |
| FAX      |                                          |
| E-mail   |                                          |
|          |                                          |
| b. 副連絡者名 | Name of deputy contact person in factory |
|          |                                          |
| 所属・役職    | Department / Post                        |
|          |                                          |
| TEL      |                                          |
| FAX      |                                          |
| E-mail   |                                          |

3 工場までの道順（最寄り駅、空港などの情報と工場周辺地図のコピーを添付して下さい。）  
Direction for reaching the factory (Please make sure the nearest railway station, the airport, and attach a copy of local map.)

## 4 申込者又はその代理人 Applicant or Agent

|                     |  |            |  |
|---------------------|--|------------|--|
| 氏名<br>Name in block |  |            |  |
| 署名<br>Signature     |  | 日付<br>Date |  |

※海外製造工場の検査設備確認料につきましては、JET が委託した検査機関より製造工場様へご請求された場合は、委託検査機関へお支払いをお願いします。

In the case a certified testing laboratory authorized to conduct factory inspection at your factory site by JET asks you to pay the inspection fee to the laboratory, please do so.

## 出張試験申込書

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

受付番号：

Project No.

(JET記載欄)

(To be filled in by JET)

一般財団法人 電気安全環境研究所 御中

To Japan Electrical Safety & Environment Technology Laboratories

下記の特定期間電気用品について、出張試験を受けたいので申し込みます。

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

### 記

4. 申込者（海外製造事業者）

Applicant (manufacturer outside Japan)

会社名

Company name

住 所

Address

責任者名

The person responsible for the application

(署名又は捺印)

(Signature or seal)

所属・役職

Division / Post

責任者の住所

Address of the responsible person (If different from the above one of the Company)

(上記と異なる場合)

TEL：

FAX：

E-mail

5. 特定電気用品名：Name of Specified Electrical Appliances and Materials

6. 型 式：Models of the Product

7. 申 込 理 由：Reason for this Application

8. 試 験 場 所：Place for the Testing