様式第五 **（第2号検査／国内製造事業者又は海外製造事業者用）**

Form 5

適合証明書又は適合同等証明書の副本申込書

Application for Duplication of Statement of 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

既に交付された（適合証明書／適合同等証明書）の副本の交付を受けたいので、次のとおり申し込みます。

We hereby apply for the official duplicate of the “Statement of Conformity Assessment” which was already issued.

1. 申込者（届出事業者）：

（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(上記と異なる場合) | Address of the responsible person (If different from the above one of the Company) |
|  |
| TEL： |  | FAX： |
| E-mail |  |

1. 特定電気用品名：

Name of Specified Electrical Appliances and Materials

1. 証明書番号：

Statement Number

1. 副本交付部数：　　　　　部

The number of official duplicates to be issued:

|  |  |
| --- | --- |
| **PSE-RE-602** | **申込書別紙（様式第五及び様式第六用）** |

送付先等確認用紙

(連絡先が申込責任者と異なる場合)

Information for Interaction

(if the contact person is not the person responsible for the application)

|  |  |
| --- | --- |
| 受付番号Project No.： |  |

（JET記載欄 To be filled in by JET）

この申込みに係る連絡・送付先は、次のとおりです。

Contact information for this application is as follows.

|  |
| --- |
| 連絡先：Point of Contact |
|  | 会社名Name of company |  |
|  | 住　所Address |  |
|  | 所属・役職Division / Position |  |
|  | 担当者名Name in charge |  |
|  |  | TEL | FAX |
|  |  | E-mail |

注：連絡先は、申込者と同一法人のご担当者又は代理人（委任状が必要となります）に限ります。

The contact person shall be a member of the applicant or its properly authorized agent (the valid “POWER of ATTORNEY: PSE-RE-404” is necessary for the authorization).

|  |  |
| --- | --- |
| [ ]  | 適合証明書又は適合同等証明書の副本申込書用Annex to Application (Form 5) for Duplication of Statement of Conformity Assessment |
| [ ]  | 適合証明書又は適合同等証明書の追補（変更）申込書用Annex to Application (Form 6) for a supplement (change) to the Statement of Conformity Assessment |

|  |  |
| --- | --- |
|  | **ANNEX to APPLICATION FORM**  |

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

|  |
| --- |
| 委任期間(Validity of this power of attorney) |
| [ ]  | 代理人に変更があるまで(Until the agent is changed.) |
| [ ]  | 期間を定める(Set the period) |
|  | from（ |  | ）より | until（ |  | ）まで |
| [ ]  | 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.)