

様式第五
Form 5

(第2号検査／国内製造事業者又は海外製造事業者用)

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

“The person responsible for the application” must be authorized for this application in the applicant company, though the person may not be a representative director of the applicant (Notified Supplier). Either the authentic signature by the person responsible for the application or the seal of that person (not of the company) is necessary.

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. 特定電気用品名：

Name of Specified Electrical Appliance or Material

Please enter the name of Specified Electrical Appliance or Material which is stated on the “Statement of Conformity Assessment” (an) official duplicate(s) of which is/are necessary.

3. 証明書番号：

Statement Number

Please enter “Statement Number” which is stated on the “Statement of Conformity Assessment” (an) duplicate(s) of which is/are necessary.
If the relevant “Statements of Conformity Assessment” are many, please attach their list.

4. 副本交付部数：

部

The number of official duplicates to be issued:

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

Date:

To Japan Electrical Safety & Environment Technology Laboratories

申込者(Applicant)	
会社名 (Company name)	
住 所 (Address)	Please enter the address "in full", including the postal code.(Please do so in all following "address" boxes).
所属・役職 (Division, Post)	Either the authentic signature by the person responsible for the application or the seal of that person(not of the company) is necessary.
責任者名 (Person in charge)	(署名又は捺印) (Signature or seal)

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)	
<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.)
Regarding the validity of this power of attorney, please make sure to tick one of the boxes. If "Set the period", please make sure to specify the period.	

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.)