

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

Please fill in the applicant company name and address based on JET issued PSE certificates.

住所

Address

The person responsible for the application must be the applicant employee with the authorization from the applicant company, but the person is not necessary the company representative.

責任者名

The person responsible for the application

Either the authentic signature by the person responsible for the application or the seal of that person(not of the company) is necessary.

(署名又は捺印)  
(Signature or seal)

所属・役職

Division / Managerial position

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：

Please enter the name of Specified Electrical Appliance or Material which is stated in the “Statement of Conformity Assessment”

Name of Specified Electrical Appliances and Materials

3. 証明書番号：

Statement Number

Please state the cert. No. of the “Statement of Conformity Assessment”.

In case there are several “Statement of Conformity Assessment” need the duplicates, please attach a list stating the cert. numbers and the names of the Specified Electrical Appliances and Materials.

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・送付及び請求先は、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).

クレジット決済を希望する。

Credit Card settlement

(発行手数料のお支払いにクレジット決済を希望する場合はチェックをして下さい。

担当より、折り返し、ご説明を致します。)

(In case you hope to use the credit card to pay the issuance fee, please take a check.

JET staff will explain the details later.)

