



To: **NIPPON KAIJI KYOKAI**
 Certification Service Department

← 1) qad@classk.or.jp
 2) Fax +81-3-5226-2179

Request for Quotation

I, undersigned applicant, am requesting a quotation under the following condition.

A) Company (main location)

Name:

Person in charge with title

Office name (if any)

Contacts:

Tel.:
 Fax:
 e-mail:

Address

Number of employee

(engaged in activities) Persons

B) Activity

Additional sites, branch or service office

(Please tick box)

No / Yes () sites in total

(Please describe each site details after location 3 on another sheet and attach.)

Company Name:(location 2)

Person in charge with title

Address

Contacts:

Tel.:
 Fax:
 e-mail:

Activities/Products

Number of employee

(engaged in activities) Persons

c) Scope

Proposed scope

Applicable accreditation organization

ISO 9001: 2008 NK and JAB
 NK and RvA
 NK

ISO 14001: 2004 NK & JAB
 NK

OHSAS 18001: 2007

Anticipated time of certification

Company brochure or materials attached

No / Yes ()

Miscellaneous

Applicant in a representative position-

- Organization	- Signature
- Tel. & Fax.	- Name & Position