



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

1) qad@classnk.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) <span style="float: right;">Persons</span>

### B) Activity

Additional sites, branch or service office (Please tick box )

<input type="checkbox"/> No / <input type="checkbox"/> 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) <span style="float: right;">Persons</span>

### c) Scope

Proposed scope
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Standards to be applied / Applicable accreditation organization

<input type="checkbox"/> ISO 9001:2008	<input type="checkbox"/> NK & JAB	<input type="checkbox"/> ISO 14001:2004	<input type="checkbox"/> NK & JAB	<input type="checkbox"/> OHSAS 18001: 2007
<input type="checkbox"/> ISO 9001:2015	<input type="checkbox"/> NK & RvA	<input type="checkbox"/> ISO 14001:2015	<input type="checkbox"/> NK	
	<input type="checkbox"/> NK			

Anticipated time of certification

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Company brochure or materials attached

<input type="checkbox"/> No / <input type="checkbox"/> Yes ( )
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Miscellaneous

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**Applicant in a representative position-**

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