**Application for Class II UAS Certificate Inspection**

To NIPPON KAIJI KYOKAI, Date

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| Name of applicant  |  |

(Please enter the name corresponding to the contact information in the DIPS application.)

We hereby request your Society to conduct the inspection for Class II UAS Certification (Application Acceptance Number FA　　　　　　　　　) which was submitted through the Drone/UAS Information Platform System (DIPS), in agreement with the "Terms and Conditions for Conducting UAS Certification Inspections by Nippon Kaiji Kyokai General Incorporated Foundation".

Please bill the inspection fees based on this application to the following address.

[ ]  To the contact information stated in the DIPS application

[ ]  To the billing address below

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| Billing Name: |
| Address: 〒 |
| Tel.:  |
| E-mail:  |