NIPPON KAIJI KYOKAI

[RE-071-17]

Rev.2

Renewables and Environment Department

E-Mail: re@classnk.or.jp FAX: 03-5226-2060

Application for Issuance of JAB Accreditation Symbol

I, undersigned applicant, am requesting issuance of JAB accreditation symbol under the following condition.

			<u> </u>		
1.	Applicant				
	Date of application: (day, month, year)				
	Company name:				
	Detailed Address:				
	Name of representative:				
	Signature:				
	Tel:	Tel: E-mail:			
2.	Details				
	Number of seal:	□ Web P	age [Publication (Brochure etc)	
	*Please kindly submit all sample material to be planned t he usage of certification mark.				
3.	Note (Please check)				
	☐ We have read "NKRE-AP-0001 Guidance for Use of Certificate Documents and symbols" and understood the contents.				
	☐ We observe the rule to use a combination of JAB accreditation mark and NK Certification Mark.				
4.	Submitted Documents				
	Checklist for applicant (Please check)			Checklist for NK	
1)	☐Web page samples				
2)	☐Publication samples (Brochure etc)				
*Bottom column is for use in ClassNK.					
Receipt Date: (d), (m), (y) Receipt Number:					
Management Representative Technical P.I.C			Administrative P.I.C		
17141	nagement Representative	<u> </u>	1.1.0	Tummsti uti ve 1 .1. e	