**（第2号検査／海外製造事業者用）**

適合性同等検査申込書＜Sample>

Application for Conformity Assessment

|  |  |
| --- | --- |
| 受付番号： |  |

Project No.　　　　　　　　（Intertek Japan記載欄）

(To be filled in by Intertek Japan)

インターテックジャパン株式会社　御中

To Intertek Japan K.K.

　電気用品安全法第9条第1項に規定する同条第2項の証明書と同等なものの確認を受けたいので、次のとおり申し込みます。

I would like to receive confirmation of the certificate equivalent to Article 9, Paragraph 2 of the Electrical Appliance and Material Safety Law, so apply as follows.　　Please be sure to read it.

1. 申込者（海外製造事業者）Applicant (manufacturer outside Japan)

Please fill in the same information as the company name and address of the "Business Notification" notified to the Ministry of Economy, Trade and Industry (bureau).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 会社名 |  | Company name | | |
|  |  | | |
| 住　所 |  | Address | | |
|  |  | | |
| 責任者名 | 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. Either the authentic signature by the person responsible for the application or the seal of the person is necessary. (Document only with company seal cannot be accepted.) | The person responsible for the application | | （署名又は捺印）  (Signature or seal) |
| 責任者名は、申込者（届出事業者）の代表者名である必要はありませんが、同一法人の中 で本申込みについて権限を与えられた方の氏名を記入して下さい。責任者の方の自筆署 名又は捺印（会社印は認められません。）が必要です |  | |
| 所属・役職 |  | Division / Managerial position | | |
|  |  | | |
| 責任者の住所  (上記と異なる場合) |  | Address of the responsible person (If different from the above one of the Company) | | |
|  |  | | |
| TEL： |  |  | FAX： | |
| E-mail |  |  | | |

1. 申込内容の詳細

Details to the application

別紙のとおり

As shown in the attachment

1. 適合同等証明書副本交付：

Official duplicate of the Statement of Conformity

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 有（ |  | 部） |  | 無 |  |

need　　　　　　　copy/copies　　　　　　　　　　Not necessary

|  |  |  |  |
| --- | --- | --- | --- |
| **LFT-FJP-PS101** | Application for Conformity Assessment Appendix |  |  |

**【Is this your first application?】**(Please tick the appropriate box.)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Yes | | | | | |  | | | | | | | | | |
| No | | | | | | Please fill in the number of the latest Certification of Conformity Assessment. | | | | | | | | | |
|  | | | | | | （JP-PSE- ） | | | | | | | | | |
| Renewal | | | | | | Please attach a copy of the valid Statement of Conformity Assessment. | | | | | | | | | |
| If you apply for “renewal”, please put a tick only here.  Please attach a copy of the “Statement of Conformity Assessment” for which the “Renewal” is applied so that Intertek may verify the product “Type Classification” is the same as of the valid “Statement of Conformity Assessment”. Please note  that application without a copy of “Statement of Conformity Assessment” cannot be accepted for “Renewal”. Application for Renewal can be done within 6 months before the valid date of the certificate, and the application must be done when the certificate goes invalid in 3 months.  「継続」申込の場合には、この箇所のみチェックを入れて下さい。  有効期限の残っている「適合証明書」と同一の「型式の区分」であることを確認させて頂くため「継続」申込を行う「適合証明書」のコピーを添付して下さい。「適合証明書」のコピーの添付がない場合には、「継続」申込とは取り扱えませんので、注意して下さい。  「継続」申込の場合には、「適合証明書」の有効期限の切れる６ヶ月前より受付可能です。なお、有効期限の切れる３ヶ月前までには、受付を完了して下さい。 | | | | | | | | | | | | | | | |
| 1. Name of the Specified Electrical Appliance or Materials concerned | | | | | | | | | Please state the Name of the Appliances or Materials according to “Type Classification”.  電気用品名は、個々の「型式の区分」の電気用品名に合致させて記入して下さい。 | | | | | | | | |
| 1. Applied Standard for Testing | | | | | | | | | Description of the technical requirements by the METI Ordinance. | | | | | | | | |
|  | | Appendix 1 through 9 | | | | | | |
|  | | Appendix 12 | | | | | | |
| (Standard ；　Tick off one of and state the test standard here.  Please fill in this blank referring to materials on the way to state the applied Standard for Testing. Please note that “J standard numbers (including those for “Noise strength” and “Remote control mechanism”)” and their “year code” are necessary if the application is by Appendix 12. Example (1): Appendix 8 + Appendix 10 Example (2): Appendix 12 J60335-1(H27), J60335-2-29(H27) and J55014-1(H27) 適用試験基準の記載方法の資料を参考にして記載して下さい。また、別表第十二でのお申込の場合は、「Ｊ規格番号（「雑音の強さ」及 び「遠隔操作機構」に該当するものを含む）」及び「適用年号」の記載も必要ですので注意して下さい。 記載例①：別表第八＋別表第十 記載例②：別表第十二 J60335-1(H27)、 J60335-2-29(H27)及び J55014-1(H27) | | | | | | | | ） | |
| 1. Applicant (manufacturer outside Japan) | | | | | | | | | | | | | | | | | |
|  | | | Company name | | | | | |  | | | | | | | | |
|  | | | Address | | | | | |  | | | | | | | | |
|  | | | Representative | | | | | | Position | | |  | | | | | |
|  | | | Name | | |  | | | | | |
| 1. The applicant shall submit the following documents to Intertek Japan. | | | | | | | | | | | | | | | | | |
|  | | | | | Type Classification (Guidelines for Type Classification on each product is available on request.) | | | | | | | | | | | | |
|  | | | | | Documents describing the structure, materials and performance of the product concerned | | | | | | | | | | | | |
|  | | | | | Marking for Specified Electrical Appliances and Materials | | | | | | | | | | | | |
|  | | | | | List of Inspection Facilities (required for each factory) | | | | | | | | | | | | |
|  | | | | | Technical documents (photos / drawings of test products, list of component parts, circuit diagrams, display items, instruction manuals, and other materials necessary for conducting tests) | | | | | | | | | | | | |
| 1. Is Test Report to be issued? (Please tick the appropriate box.) | | | | | | | | | | | | | | | | | |
|  | | | | No | | | | |  | | | | | | | | |
|  | | | | Yes (Japanese / English version) (for a fee) | | | | | | | | | | | | | |
|  | | | |  | | Listing the model name:　Necessary (Model name: | | | | | | | |  | ） | Not necessary | |
| 1. Information on the products for testing (Delivery schedule, the number of packages and other necessary information) | | | | | | | | | | | | | | | | | |
|  | | | | The products for testing are to be “sent to” Intertek laboratory | | | | | | | | | | | | | |
|  | | | | The products for testing are to be “carried in” Intertek laboratory | | | | | | | | | | | | | |
| ＊ | | | | on/around / / (Month/Day/Year) (The number of packages: ) | | | | | | | | | | | | | |
| 1. The applicant shall submit the following documents to Intertek Japan K.K. when necessary. | | | | | | | | | | | | | | | | | |
|  | | | | Power of Attorney (if the application is made by an agent.) | | | | | | | | | | | | | |
|  | | | | CB test certificate and test report (if the assessment is to be based on IECEE CB scheme.) | | | | | | | | | | | | | |
| 1. Agent (if applicable)   Please fill in this blank if the application is made by an agent. Note) “Power of Attorney” must be submitted. 代理人を立ててお申込み頂く場合には記入が必要です。 注）「委任状」の提出が必要になります。 | | | | | | | | | | | | | | | | | |
|  | Name of Company | | | | | | | | |  | | | | | | | |
|  | Address | | | | | | | | |  | | | | | | | |
|  | Division / Position | | | | | | | | |  | | | | | | | |
|  | Entrusted Person (Name) | | | | | | | | |  | | | | | | | |
|  |  | | | | | | TEL/FAX | | | TEL | | | FAX | | | | |
|  |  | | | | | | E-mail | | |  | | | | | | | |

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| **LFT-FJP-PS101** | Application for Conformity Assessment Appendix |

LIST of FACTORY (FACTORIES)

**Ⅰ．If it is your first application to Intertek Japan K.K.**

Please specify all factory (factories) relevant to the application.

Please note that it will be reflected in the certificate.

|  |  |  |
| --- | --- | --- |
| Factory 1 | | |
|  | Name of factory |  |
|  | Address of factory |  |
| Factory 2 | | |
|  | Name of factory |  |
|  | Address of factory |  |
| Factory 3 | | |
|  | Name of factory |  |
|  | Address of factory |  |

(If they are more than three, please specify them on the additional sheet(s).)

**Ⅱ．If any Statement of Conformity Assessment was issued to you by**

**Intertek Japan before**

|  |  |  |
| --- | --- | --- |
| Is the factory for this application the same as for the previous Statement?  (Please tick the appropriate box. ) | | |
|  | Yes | Please fill in the number of the relevant Statement below.  (It is not necessary to specify the factory here.) |
|  |  | Certification Number（（JP-PSE- ） |
|  | No | Please proceed to the item“**Ⅰ”**. |

If the factory information is same as the PSE certificate issued by Intertek Japan, please state the latest certificate number. 過去にIntertek Japanに申込を行い「適合同等証明書」を取得している場合には、最新の「適合同等証明書」の「証明書番号」を記載して下さい

|  |  |
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| **LFT-FJP-PS101** | Application for Conformity Assessment Appendix |

INFORMATION FOR INTERACTION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Intertek’s inquiries about this application are to be addressed to: | | | | |
|  | | Responsible person for the application | | |
|  | | Agent as specified in Annex to the application | | |
|  | | As below | | |
|  | Name of company | |  | |
|  | Address | |  | |
|  | Division / Position | |  | |
|  | Name of person in charge | |  | |
|  | TEL/FAX | | TEL | FAX |
|  | E-mail | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The Certification of Conformity Assessment and Test Report are to be sent to: | | | | |
|  | | Responsible person for the application | | |
|  | | Agent as specified in Annex to the application | | |
|  | | As below | | |
|  | Name of company | |  | |
|  | Address | |  | |
|  | Division / Position | |  | |
|  | Name of person in charge | |  | |
|  | TEL/FAX | | TEL | FAX |
|  | E-mail | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The testing fee and other expenses are to be borne by: | | | | |
|  | | Responsible person for the application | | |
|  | | Agent as specified in Annex to the application | | |
|  | | As below | | |
|  | Name of company | |  | |
|  | Address | |  | |
|  | Division / Position | |  | |
|  | Name of person in charge | |  | |
|  | TEL/FAX | | TEL | FAX |
|  | E-mail | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The bill is to be sent to:  (If the bill for the fee and expenses is to be sent not to the same one as above) | | | | |
|  | | Responsible person for the application | | |
|  | | Agent as specified in Annex to the application | | |
|  | | As below | | |
|  | Name of company | |  | |
|  | Address | |  | |
|  | Division / Position | |  | |
|  | Name of person in charge | |  | |
|  | TEL/FAX | | TEL | FAX |
|  | E-mail | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What to do with the products after testing? | | | | | |
|  | | The applicant collects the tested products. | | | |
|  | | Intertek is to dispose of the tested products (small-sized products only). The applicant bears the expenses for the disposal. | | | |
|  | | The tested products are to be sent to (with payment to be made by the addressee) : | | | |
|  | | | Responsible person for the application | | |
|  | | | Agent as specified in Annex to the application | | |
|  | | | As below | | |
|  | Name of company | | |  | |
|  | Address | | |  | |
|  | Division / Position | | |  | |
|  | Name of person in charge | | |  | |
|  | TEL/FAX | | | TEL | FAX |
|  | E-mail | | |  | |

The sample after the test is completed may be damaged.

試験完了後のサンプルは壊れている可能性があります。

|  |  |
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| **LFT-FJP-PS101** | Application for Conformity Assessment Appendix |

委　　任　　状

POWER of ATTORNEY

|  |  |
| --- | --- |
| Date: |  |

インターテックジャパン株式会社　御中

To Intertek Japan K.K

|  |  |  |
| --- | --- | --- |
| 申込者(Applicant) | | |
| 会社名  (Company name) |  | |
| 住　所  (Address) |  | |
| 所属・役職  (Division, Position) | Either the authentic signature by the person responsible for the application or the seal of that person (not of the company) is necessary.  責任者の方の自筆署名又は捺印（会社印は認められません。）が必要です | |
| 責任者名  (Person in charge ) |  | （署名又は捺印）  (Signature or seal) |

私（申込者）は、次の者を代理人と定め、下記に記載する委任期間、委任内容に記載する事項を委任します。

We, the Applicant, do hereby appoint the company specified below to act on our behalf and to handle the acts set forth below for the period specified below.

|  |  |  |  |
| --- | --- | --- | --- |
| 代理人(Agent) | | | |
| 会社名  (Company name) |  | | |
| 住　所  (Address) |  | | |
| 所属・役職  (Division, Position) |  | | |
| 責任者名  (Person in charge) |  | |  |
|  | TEL： | FAX： | |
| E-mail： | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 委任期間(Validity of this power of attorney) | | | | | | |
|  | 代理人に変更があるまで(Until the agent is changed.) | | | | | |
|  | 期間を定める(Set the period) | | | | | |
|  | from（ |  | ）より | until（ |  | ）まで |
|  | 委任内容が終了するまで(Until the entrusted business is finished.) | | | | | |

Regarding the Validity of this power of attorney, please make sure to tick one of the boxes. If “Set the period”, please make sure to specify the period. 「委任期間」については、必ずいずれかの□にチェックを入れ下さい。 なお、期間を定めて委任する場合には、委任期間を必ず記入して下さい

|  |
| --- |
| 委任内容(Details of Entrustment) |
| （例：電気用品安全法に基づく適合性同等検査の申込みに関する一切の権限）(Example.: full powers to apply for conformity assessment under the Electrical Appliances and Materials Safety Act) |

（変更までの期間又は定めた期間内のお申し込みについては当該委任状の写しを必ず提出して下さい。）

(While this power of attorney is valid, please submit its copy for each relevant application.)

2 / 2

|  |  |
| --- | --- |
| **LFT-FJP-PS101** | Application for Conformity Assessment Appendix |

試験品の構造、材質及び性能の概要

The Outline of Products for testing : Structure, Material and Performance

|  |  |
| --- | --- |
| １． | 構造の概要 The Outline of Structure |
|  | （製品のモデル名、並びに当該製品の機能、構造、動作原理などの概要を記載して下さい）  (Please state the model name of the product as well as the outline of its function, structure and operating principles and so on.) |
|  |  |
| ２． | 材質 Material |
|  | （外郭及び主要部品の材料（変圧器、電動機などは「巻線の絶縁の種類」の根拠となる絶縁物名）を記載して下さい）  (Please state the material of the outer case and main components (as for transformers, motors and so on, the name of the insulator by which “winding insulation class” is to be judged).) |
|  |  |
| ３． | 性能又は定格 Performance (Ratings) |
|  | （性能、電圧・消費電力などの電気定格等、「型式の区分」が判断できる内容を記載して下さい）  (Please state the factors by which “Type Classification” can be judged, such as performance, the ratings for voltage, power consumption and so on.) |
|  |  |
| ４． | 技術的情報 Technical information |
|  | （試験品の写真・図面、構成部品一覧表、回路図、取扱説明書、その他試験を実施するために必要な資料）  (Please provide photos, drawings, a list of components, circuit diagrams, an instruction manual and other information necessary for testing. ) |
|  |  |

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| **LFT-FJP-PS101** | Application for Conformity Assessment Appendix |

特定電気用品の表示

Marking for Specified Electrical Appliances and Materials

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| １． | 特定電気用品への表示 Markings on "[Specified Electrical Appliance](http://www.jet.or.jp/common/data/en/law/pse/list_of_items.pdf)s and Materials" | | | | | |
|  |  | | | | | |
| ２． | 荷札又は包装容器への表示 Markings on the Labels, Tags or Packaging | | | | | |
|  | （電線、ヒューズ、配線器具、変圧器等の特例）  (Special cases for cables, cords, wiring devices, transformers and so on.) | | | | | |
|  | Regarding “Electrical Appliances and Materials” for which marking on the Labels, Tags or Packaging is permitted to meet the marking requirements (Appendix 5) under Enforcing Rules Article 17 (Method of marking), please specify the marking contents. Besides, regarding single items of components of from Technical Requirements Appendix 1 through Appendix 6 which are regarded as “Electrical Appliances and Materials” and for which “marking” is made on “Labels”, “Tags” or “Packaging” and marking on “the product itself” “can be omitted partially”, please specify the marking contents on “Labels”, “Tags” or “Packaging”. 施行規則第１７条（表示の方式）に係る表示義務内容（別表第五：電気用品の表示の方法）として、「荷札」又は「包装容器」 への表示が認められている「電気用品」については、表示内容を明記して下さい。 また、技術基準別表第一から別表第六までの部品単品で「電気用品」の対象となるものであって、「荷札」又は「包装容器」 への「表示」を行うものにあっては、「製品本体」への表示を「一部省略することができる」電気用品もあることから、「荷札」又 は「包装容器」へ表示する場合には、表示内容を明記して下さい | | | | | |
| ３． | 届出事業者の略称又は登録商標 Notifying Supplier’s abbreviation or registered trademark | | | | | |
|  | （電気用品安全法施行規則第17条の規定により表示すべき届出事業者の氏名又は名称について、略称又は登録商標を用いる場合、経済産業大臣の承認を受けた略称、又は経済産業大臣に届け出た登録商標に限ります）  If the Notified Supplier is to use its abbreviation or registered trademark based on the provision at Article 17 of Enforcing Rules for Electrical Appliances and Materials Safety Act, the abbreviation must be approved by the Minister of Economy, Trade and Industry and Notice on the registered trademark must be submitted to the Minister of Economy, Trade and Industry. | | | | | |
|  |  |  |  |  |  |  |
|  | 略称表示  承認日  The Date of approval for the abbreviation | 年　　月　　日  Year Month Day |  | 登録商標  表示届出日  The Date of Notice on the registered trademark | 年　　月　　日  Year Month Day |  |
|  |  |  |  |  |  |  |

**特定検査設備調査準備のためのご質問**

**Questionnaire for scheduling the Authorized Inspection Facilities Field Verification**

|  |  |
| --- | --- |
| 受付番号： |  |

Project No.　　　　　　　 （Intertek Japan記載欄）

(To be filled in by Intertek Japan)

|  |  |  |
| --- | --- | --- |
| 1 | 製造工場の名称及び所在地　Manufacturer’s registered name and factory address | |
|  | 工場名  Name |  |
|  | 所在地  Address |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | 工場の連絡者　Contact person in factory | | | |
|  | 1. 連絡者名　Name | | | |
|  |  |  | Please specify the “name”, “Department / Post” and “Contact address”, etc. of the persons who will deal with the on-site verification of inspection facilities. . 検査設備の現地確認の際に、ご対応いただける方の「氏名」、「所属・役職」及び「連絡先」等を記入して下さい | |
|  |  | 所属・役職　Department / Position | | |
|  |  |  |  | |
|  |  | TEL | |  |
|  |  | FAX | |  |
|  |  | E-mail | |  |
|  |  |  | |  |
|  | 1. 副連絡者名　Name of deputy contact person in factory | | | |
|  |  |  |  | |
|  |  | 所属・役職　Department / Position | | |
|  |  |  |  | |
|  |  | TEL | |  |
|  |  | FAX | |  |
|  |  | E-mail | |  |

|  |  |
| --- | --- |
| 3 | 工場までの道順（最寄り駅、空港などの情報と工場周辺地図のコピーを添付して下さい。）  Direction for reaching the factory (Please make sure the nearest railway station, the airport, and attach a copy of local map.) |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4 | 申込者又はその代理人 Applicant or Agent | | | |
|  | 氏名  Name in block |  | | |
|  |  | | | |
|  | 署名  Signature |  | 日付  Date |  |