

# APPLICATION FOR VEHICLE INSPECTION

Date :

\* Certificate will expire after 3 months from inspection date.

## Applicant Details

Company name	
Name	
Address	
TEL	
FAX	
E-mail address	
Shipping address of documents	<input type="checkbox"/> Same as above
	<input type="checkbox"/> Other address

## Goods for inspection

Condition	<input type="checkbox"/> New <input type="checkbox"/> Used
Importing Country	Vehicle to be shipped for
Quantity	units
Preferred date for inspection	
Preferred port for inspection(address)	

Payment method :  Credit card  Bank transfer

※Please send your payment after submitting this application form.

[Terms and conditions :](#)  I agree

Signature of applicant : Name \_\_\_\_\_  
Date \_\_\_\_\_

Memo : \_\_\_\_\_

Japan Inspection Organization

TEL : 03-5481-1666

FAX : 03-5481-1660