

APPLICATION FOR COC 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
	Name:
	Address:
	TEL:

Goods for inspection

Condition	<input type="checkbox"/> New	<input type="checkbox"/> Used	
Importing Country	Vehicle to be shipped for		
Quantity	units		
Preferred 3 dates for inspection	①	②	③
Preferred port for inspection(address in Japan)			
Contact person			
Contact phone number			

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