

APPLICATION FOR VEHICLE RECALL VERIFICATION

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:

Detail of Vehicle	Maker name	Model name	Chassis No.

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 _____

Japan Inspection Organization

TEL : 03-5481-1666

FAX : 03-5481-1660