

APPLICATION FOR CLASSIC CAR 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.
	First registration year / month	Engine 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