APPLICATION FOR VEHICLE GRADE VERIFICATION CERTIFICATE

Date：

Applicant details

Company name	
Name	
Address	
TEL	
FAX	
E-mail address	
Shipping address of documents	☐ Same as above ☐ 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**