

Notification Form for Changes

Stamp in recognition

of receipt

**Concerning Production Conditions, etc.**

**for JIS Mark Scheme**

To: Japan Quality Assurance Organization

　　　　　　　　　　　　　　　　　　　　　　　　　Application Number:

|  |  |  |
| --- | --- | --- |
| **We, the Applicant, would like to notify JQA that some changes have been (will be) made in accordance with Article 22 or Article 7 in the “Certification Agreement under JIS Mark Scheme” or contents of “Control Outline Concerning Marking of JIS Mark, etc.”**  **Date of Notification: D /M /Y**  **Licensee (Certification Number : JQ　　　　　　　　　 )**  Name of Company **:**    Name of Representative\*1  **:** 　　　　　　　　　　　　　　　　　Title：  　Address **:**  　　 　　　　　　　　　　　　　　　　 □ Same as the address in the JIS Certificate   |  | | --- | | Quality Control Manager ：**s**ignature, or name & seal  Department/Title ：  Address **:** |   Contact information 　：TEL No. 　　　　　　　　 　　 FAX No.  E-mail     |  | | --- | | Contact person in charge ：□ Same as Quality Control Manager  Department/Title ：  Address **:** |   Contact information 　：TEL No. 　　　　　　　　 　　 FAX No.  E-mail  \*1：Only the corporation, please describe the person who has representation right.  Address and addressee of invoice : □ Quality Control Manager, □ Contact person in charge,  □ Person in charge mentioned below (Agent/Representative, etc.) |

The personal information notified by the Applicant shall be used only for the purposes of business contact and coordination concerning product testing/audit/certification, guidance of other and new services which JQA implements, and provision of various information concerning the market research and services thereof. However, on JQA's own responsibility for the management of the personal information, the personal information notified by the Applicant may be used jointly between specific entities which accredit/register JQA in accordance with our privacy policy (http://www.jqa.jp/privacy\_policy/).

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| --- | --- |
| Attention**:** | (1) When the Applicant submits this Notification Form, please kindly submit the original copy affixed with “signature,” or  “name & seal” of Quality Control Manager. |
| (2) In the case that the Licensee’s Agent/Representative submits application documents, acts for liaison and coordination  and makes payment for Certification Fee, please be sure to submit a “Power of Attorney”. |

**The contents of changes are as follows :**Application Number:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Matter | Content of Change | | Date of Change | Reason for Change |
| Before Change | After Change |
| (1) Addition/change/reduction of Factory/Business Place for certification range, or type/grade, or Industrial & Mineral Products (Please confirm the Remarks 4 & 6.) |  |  |  |  |
| (2) Name of Licensee |  |  |  |  |
| (3) Address of Licensee |  |  |  |  |
| (4) Name of Factory/Business Place |  |  |  |  |
| (5) Address of Factory/Business Place (spelling, etc.) [Please write in (1) if relocating the factory.] |  |  |  |  |
| (6) Matter concerning the corporate representative  (If the representative is changed, please describe the title of new representative) |  |  |  |  |
| (7) Matter concerning the Quality Control Manager (Please confirm the Remarks 7, 8 & 9.) |  |  |  |  |
| (8) Matter concerning range of the certified product (Please confirm the Remarks 8 & 9.) |  |  |  |  |
| (9) Matter concerning the Quality Management System (Please confirm the Remarks 8 & 9.) |  |  |  |  |
| (10) Matter concerning the revision of the JIS Standards (Please confirm the Remarks 8 & 9.) |  |  |  |  |
| (11) Others |  |  |  |  |

**POINTS TO BE CHECKED ON THIS NOTIFICATION (Please mark the appropriate boxes.):**

１．This notification is **:** 🞏 independently submitted

🞏 submitted simultaneously or around the same time with an application form for Periodic Surveillance

２．Would like to have an Audit regarding this notification **:** 🞏 separately conducted

🞏 conducted at the same time as Periodic Surveillance

**If the Certificate of Compliance is revised and the Applicant requests additional issue(s) (fees charged), please write how many copies are necessary：**

※In case of any changes to the descriptions on the Certificate of Compliance due to the change(s) reported in this Notification Form, JQA will issue the original in Japanese and additional copy(ies) according to the following request.）

|  |  |
| --- | --- |
| Request Item | Copies/Fee |
| Japanese certificate | □ 　　　 certificate (s) (18,000 JPY/certificate) |
| English certificate | □ 　　　　certificate (s) (25,000 JPY/1st certificate, 18,000 JPY/2nd or more, per certificate) |

**Remarks :**

1. The “Memorandum of Understanding” on this notification form shall apply to the “Memorandum of Understanding for the Application for Certification under JIS Mark Scheme” (please refer to the “Application Form for JIS Mark Scheme”).
2. Please use one form for each Certification No.
3. Please fill in the relevant columns and write down only about the matters which have been changed. If there is not enough space, please write “refer to a separate sheet” in the applicable section and kindly prepare a separate sheet.
4. The Applicant should use “Notification Form for Changes Concerning Production Conditions, etc. for JIS Mark Scheme (3)”) to describe the product testing only when any changes are entered in “Matter” (1).
5. Matter (3) and (5) should be entered only when any changes are brought due to municipal merger, administrative readjustments of town lots, etc.
6. As for (1), when a manufacturing factory is added or relocated, please attach (for each factory) a “surrounding map of the factory” & “inside layout of the factory” and additionally write the information on the factory (Factory Name, Address, Name/Department/Title of Quality Control Manager, TEL, FAX, E-Mail) in ”After Change”.
7. As for (7), please fill in the information of Quality Control Manager (Department, Title, Address, TEL, FAX, E-Mail, in addition to Name) in ”After Change,” and attach the documents showing the relevant qualifications .
8. As for (7), (8), (9) & (10), please attach the concerned forms among the “Description paper A/B for the condition of quality management” for each concerned factory.
9. Please kindly attach other sheets if necessary.
10. Depending on the contents of change, JQA may ask the Applicant to submit additional documents.
11. The Applicant may delete the unnecessary parts (the parts after the “Remarks”) when preparing this “Notification Form”.

Application Number:

**★ Please fill in the followings if you are going to “add” or “change” anything regarding “Matter” (1) in the previous page.**

Please check the appropriate boxes below and fill in necessary items accordingly.

Product Testing：

🞏 Request for use of the certain testing data

Name of Testing Laboratory:

Accreditation Body certified the laboratory for ISO/IEC 17025 (JIS Q 17025) :

🞏 Request for testing at Applicant’s own laboratory or testing site under witness of examiner from JQA

Where to conduct testing/ Laboratory：🞏 Relevant Factory

🞏 Others

Condition of Conformity to ISO/IEC 17025 (JIS Q 17025):

🞏 Certified Laboratory (Certification Number )

🞏 Investigated by JQA (Date of Investigation )

🞏 Other than the above [Please submit (for each factory) “Description Paper for 17025 Investigation (for witness testing)”]

🞏 Request for testing at JQA’s testing laboratory or one designated by JQA

Issue of testing data report ：🞏 Request ( 　　copies)

How to handle the test sample ： Request for ( 🞏 return 🞏 discard), 🞏 Applicant takes back in testing site

(If the Applicant requests “return”, “take back” or “discard,” the Applicant will be charged for the costs.)

※If the Applicant would like to have any combination of the above in Product Testing, please specify testing laboratory for each testing item in the attached sheet. ( □ Refer to attached sheet：　　　　　　　　)

※When designating the third party’s laboratory, please submit “Letter of Request and Consent for the Use of Third Party’s Testing Laboratory.”

※If the Witness Testing laboratory is different from the factory or if the Applicant designates a testing laboratory from multiple factories, please fill in the following and provide us the information.

Laboratory:

Site Name：

Address： 　　　　　　　　　　　　　　　　　　　　　　　　　 (□ Same as Factory)

Contact person in charge：　　　　　　　　　　　　　　Department/Title：

TEL No.：　　　　　　　　　　FAX No.：　　　　　　　　　　E-mail：