Form 4-12

|  |
| --- |
| To: Nippon Kaiji Kyokai  Reference No.:  Date:  APPLICATION FOR APPROVAL OF AIRBORNE SOUND INSULATION PROPERTIES  Applicant:  Address:  Person in charge  Section/Department:  Phone No.:  Name:  We hereby request the approval of the airborne sound insulation properties of the material and attach the following data and information for reference.  Intended Use:  Type of product:  Manufacturer’s Name:  Manufacturer’s Address:  Date of Test:  Test laboratory:  Attached documents:  Applicant:  (signature) |