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| --- |
| Name |
| Company Name |
| Address |
| Date |

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| --- |
| Transportation and Logistics Department, Nippon Kaiji Kyokai  |
| 4-7 Kion-ho, Chiyoda-ku, Tokyo 102-8567, Japan |

**Application for JSA-S1004：2020 Cold chain logistics services Certification Audit**

We hereby apply for JSA-S1004：2020 Cold chain logistics services certification audit, agreeing to Nippon Kaiji Kyokai’s (hereinafter called as “the Society”.) "Regulations for Technical Services” and “Guidelines for JSA-S1004：2020 Cold chain logistics services".

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| --- | --- |
| Type of Audit | [ ] Initial [ ] Intermediate [ ] Renewal [ ] Occasional (Due to： ) |
| Applicable Standards | JSA-S1004：2020 Cold chain logistics services －Requirements for low temperature storage services and low temperature transport services |
| Organization Name and Address | Certification No. |  | \*No necessary for Initial Audit |
| OrganizationName |  |
| Address |  |
| Top Management: | Name |  | Position |  |
| Responsible Person for Audit | Name |  | Position |  |
| Department |  |
| Person in Charge | Name |  | Position |  |
| Department |  |
| Tel. |  | E-mail |  |
| \*Please fill in “Attachment 1” for the details of the site included in the scope of certification. |
| Scope of Certification/Business Activities | \*Please fill in “Remain the same” if nothing is changed since last audit. |
| Expected On-site Audit Date |  |
| Contract with Consultant | [ ]  YES （Name of Consultant: ) |
| Attached Data | [ ]  Company profile, etc. that provide an overview of business activities[ ]  Documents confirming the specifications of facilities, equipment, etc. necessary to implement the cold chain logistics service[ ]  Operation manuals that conform to the requirements of JSA-S1004[ ]  Quality Management System Manual (Manual and list of procedures, etc.)[ ]  A copy of quality management system certificate (In case the client is certified by ISO 9001.)\*1 If it is difficult to submit the operation manuals, etc. at the same time, the client may send it later.\*2 The operation manuals, etc. that conform to requirements of JSA-S1004 are necessary information for conducting a document audit. Please submit “Cross Reference Table Between Requirements of JSA-S1004：2020 Cold Chain Logistics Services and Description in the Operation Manuals“ to be sent separately for information on how to provide the applicable operation manuals.  |

Certification audit fee for an audit based on this application form should be sent to the following address.

[ ]  To above person in charge 　　 [ ]  To below billing address

|  |  |
| --- | --- |
| Department |  |
| Address |  |
|  |
| Tel. |  |
| E-mail |  |

Note: The latest version of the application form is available on the Society’s website at <https://www.classnk.or.jp/hp/en/authentication/coldchain/index.html>

**Issuance of JSA-S1004：2020 Cold chain logistics services Certificate**

Please fill out this form only if any of the following apply and submit it with the application form.

1. When the client submits the application for Initial Audit and Renewal Audit.
2. When the client wishes to change the information in "Type of Certificate" or " Description of an English Certificate" fields, except in the case of 1.

|  |  |
| --- | --- |
| Organization Name |  |

|  |  |
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| Type of Certificate | Please select the type of certificate the client wishes to issue. |
| [ ]  Certificate（Japanese ver.） |
| [ ]  Certificate（English ver.） |
| Copy of Certificate | Please fill in the box of the type of certificate the client wishes to get a copy of and the number of copies the client needs. |
| [ ]  Certificate (Japanese ver.）Number of copies required:  |
| [ ]  Certificate（English ver.）Number of copies required:  |
| Description of an English Certificate | Organization Name |  |
| Address |  |
| Scope of Certification |  |
| Remarks |  |

Note 1: The information of certification will be disclosed on the Society’s website.

Note 2: A fee of 5,000 yen (Approx. 45 USD) will be charged for each copy of certificate.

**Attachment 1**

Please submit this attached form with the application form.

|  |  |
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| Organization Name |  |

Please fill in for all site’s information included in the scope of certification audit.

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| All Site’s Information |
| No. | Name of Site | Address | Scope of Certification/Business Activities |
| 1 |  |  |  |
| 2 |  |  |  |
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