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

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

**Application for**

**ISO 23412：2020 Indirect, temperature-controlled refrigerated delivery services**

**Certification Audit**

We hereby apply for ISO 23412：2020 Indirect, temperature-controlled refrigerated delivery services certification audit, agreeing to Nippon Kaiji Kyokai’s (hereinafter called “the Society”.) "Regulations for Technical Services” and “Guidelines for ISO 23412：2020 Indirect, temperature-controlled refrigerated delivery services".

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of Audit | Initial Intermediate Renewal  Occasional (Due to： ) | | | | | |
| Applicable Standards | ISO 23412：2020 Indirect, temperature-controlled refrigerated delivery services － Land transport of parcels with intermediate transfer | | | | | |
| Organization Name  and Address | Certification No. |  | | | \*No necessary for Initial Audit | |
| Organization  Name |  | | | | |
| 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 the 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 indirect refrigerated delivery services.  Operation manuals that conform to the requirements of ISO 23412  \* If it is difficult to submit the operation manuals at the same time, the applicant may send it later. | | | | | |

Certification audit fee for the 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 ISO 23412：2020 Indirect, temperature-controlled refrigerated delivery 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 |  |

|  |  |  |
| --- | --- | --- |
| 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 that 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/  Business Activities |  |
| Remarks |  | |

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

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

**Attachment 1**

Please submit this attached form with the application form.

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| All Site’s Information | | | |
| No. | Name of Site | Address | Scope of Certification/  Business Activities |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |