



To: **NIPPON KAIJI KYOKAI**  
Certification Department

1) qad@classnk.or.jp  
2) Fax +81-3-5226-2179

## Request for Quotation

I, undersigned applicant, am requesting a quotation under the following condition.

### (A) Company (main location)

Name:	Person in charge with title
Office name (if any)	Contacts: Tel.: e-mail:
Address	Number of employee (engaged in activities)  Persons
Activities/Products/Services	

### (B) Additional Sites, branches or service office

(Please tick box )

<input type="checkbox"/> No / <input type="checkbox"/> Yes ( ) sites in total	
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\*Note: Please attach the information for each additional site such as location, number of employees, activities/products/services as appropriate.

### (C) Scope (Proposed scope)

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### (D) Standards to be applied

(Please tick box )

<input type="checkbox"/> ISO 9001:2015	<input type="checkbox"/> OHSAS 18001:2007	<input type="checkbox"/> ISO 39001:2012
<input type="checkbox"/> ISO 14001:2015	<input type="checkbox"/> ISO 45001:2018	<input type="checkbox"/> ISO 50001:2018

### (E) Anticipated time of certification

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### (F) Company brochure or materials attached

(Please tick box )

<input type="checkbox"/> No / <input type="checkbox"/> Yes ( )
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### (G) Miscellaneous

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### Applicant in a representative position

Organization		Signature	
Tel. & e-mail		Name & Position	