

**APPLACATION FOR PERIODICAL EXAMINATION OF  
THE MATERIALS FOR REFRIGERATED CHAMBERS**

To : Nippon Kaiji Kyokai

Date:

Applicant:

(Company Name)

(Address)

(TEL/FAX/E-mail)

(Person in charge)

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 (Signature)

We hereby request you the periodical examination of the materials described below.

Manufacturer	
	(Company name)
	(Address)
	(TEL/FAX/E-mail)
	(Person in charge, Section/Dept.)
Type	
Product	
Date on which Approval was granted	
Certificate Number	
Date of Periodical Examination	

Attached Data:

[ ]