CCM-03-A Form 12

Request for Changing Record / Withdrawal of Application Form   
for Approval of Evaluation Facility

Date :\_\_\_\_\_\_\_\_\_\_\_\_\_

To Commissioner SAITO Yutaka

Information-technology Promotion Agency, Japan

Name of the Applicant :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person responsible for the application :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Signature*)

Title/Department :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The applicant hereby submits notification as follows in item 1 below, for the reason stated in item 2 with respect to the application for approval of the Evaluation Facility stated above.

|  |  |
| --- | --- |
| 1. Type of Notification and Application Details | |
| Type of Notification  (Select either one) | ( ) Request to change records  ( ) Withdrawal notification |
| Name of the Evaluation Facility  (Fill in the approval number if the Evaluation Facility has been approved) | (ITEF\_\_\_\_\_\_\_\_\_) |
| Reception Date of Application | Date: / / |
| Reception Number |  |
| 2. Reason for Change or Withdrawal (If a change, fill in the details of the change.) | |