CCM-03-A Form 13

Request for Changing Record / Withdrawal of Application Form for Approval of Evaluator Qualification

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 qualification of the following evaluator.

|  |  |
| --- | --- |
| 1. Type of Notification and Application Details | |
| Type of Notification  (Select either one) | ( ) Request to change records  ( ) Withdrawal notification |
| Name of the Evaluator  (Fill in the registration number of the qualified evaluator) | (ITE\_\_\_\_\_\_\_) |
| Reception Date of Application | Date : / / |
| Reception Number |  |
| 2. Reason for Change or Withdrawal (If a change, fill in the details of the change.) | |