CCM-02-A Form 22

Request for Changing Person in Charge of Application for Certified Products

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

To General Manager of IT Security Technology Evaluation Department

IT Security Center

Information-technology Promotion Agency, Japan

Name of the applicant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of the person in charge of the application :

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

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

This is to request a change of the name of the person in charge of the application or contact address for the following Certified Product.

|  |  |  |  |
| --- | --- | --- | --- |
| TOE/PP name : | |  | |
| Certification Identification : | | JISEC-C | |
| Contents of change | | | |
| Contact information | Before change | | After change |
| Name : |  | |  |
| Department : |  | |  |
| Postal code Address : |  | |  |
| Telephone : |  | |  |
| E-mail : |  | |  |
| Contact information of the person in charge of the application  (telephone and e-mail) : | | | |