CCM-03-A Form 7

Notification of Reinstatement of Evaluation Services as an Evaluator

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 of the reinstatement of evaluation services as an evaluator for the following evaluator who had previously terminated evaluation services at the Evaluation Facility stated above, together with the attached Curriculum Vitae and records related to the evaluator’s education and training, pursuant to the “Requirements for Approval of IT Security Evaluation Facility (CCM-03).”

|  |  |  |
| --- | --- | --- |
| Evaluation Facility | Approval Number |  |
| Name |  |
| Evaluator | Registration Number |  |
| Name |  |
| Effective Date of Reinstatement  (Must be within one year from the effective date of termination) | Date: / / | |