

APPLICATION FORM

to be completed and returned by fax or e-mail to:

QUASCAP Secretariat
++81 3 3589 4574 (FAX No.)
quascap-j@apaiaapan.org



COMPANY		
ADDRESS (registered office)		
E-MAIL ADDRESS		
PHONE No.		
FAX No.		
PRODUCTION PLANT (if address differs from the registered office)		
E-MAIL ADDRESS		
PHONE No.		
FAX No.		
CONTACT PERSON (Position and name in charge)		
APPLYING FOR	<input type="checkbox"/> QUASCAP LICENCE <input type="checkbox"/> QUASCAP APPROVAL FOR THE FOLLOWING PRODUCTS: <input type="checkbox"/> Profile <input type="checkbox"/> Plate Production line number to be approved Classification ISO 28340 Gloss <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 ISO 28340 Matt <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 ISO 28340 Color <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 JIS H 8602 Gloss <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B <input type="checkbox"/> C JIS H 8602 Matt <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B <input type="checkbox"/> C JIS H 8602 Color <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B <input type="checkbox"/> C	
CONFIRMATION OF THE FOLLOWING DOCUMENTS	<input type="checkbox"/> QUASCAP Guide <input type="checkbox"/> QUASCAP Manual <input type="checkbox"/> <input type="checkbox"/>	
The undersigned company herewith agrees to pay the fees of the testing laboratory in charge. It acknowledges that licence and approval documents will not be issued and distributed until the company has paid all outstanding invoices due to QUASCAP and the testing laboratory.		
Date:	Signature:	