Email：j_info0717@jectec.or.jp
Phone/Testing & Certification Dept.：+81-53-428-4687
Fire Safety Technology Group：+81-53-428-4686
Wire＆Cable Technology Group：+81-53-428-4689

Please complete all details and then fax or E-mail this form .

TEST REQUEST FORM

Client(Corporate Name)	Request Date	
	Preferred Testing or rental Date	
Address:	**Circle your requests for inquiries below**	
	Sample Return(Packing and Transportation Fee is charged on Client)	
	Tested Sample	（Need・No need）
(Zip Code)	unused sample	（Need・No need）
Client Contact：	Drum・Wood box	（Need・No need）
Name：	Official Quotation	（Need・No need）
Department：	Witnessed Test	（Need・No need）
Phone：	Outsourcing	（Acceptable・Not Acceptable）
Fax：	Confidentiality	（Need・No Need）
Email：	Photos While Testing	（Need・No Need）

Request Category：Please check an appropriate box for: ⇒ ☐ Test ☐ Facilities Rental

Your Request (Testing Standards, Test Code etc.)	Testing Number of Times and Number of Samples	
Sample Description (Material, Structure, Composition etc.)	Sample Quantity	Delivery Date To JECTEC
Safety Instructions (Potential toxic gas and any hazardous issues arisen from sample in any form. Disposal instructions)		
Special Request (If Any)		
Please check all that apply below for how you get to know of JECTEC ?		
☐colleague(In your office) ☐acquaintance ☐Newspaper or journal ☐Website ☐ others ( )		

JECTEC Use Only

Reception No. JDP	
Reception date	
Reception man	
Test sample recepted date/man	
Test proceed date	
Test proceed man	

	Rev-0	Rev-1	Rev-2
	/	/	/
admission			
	/	/	/
Client confirm			
	/	/	/
Copy recover			