Form 4-13

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| To: Nippon Kaiji Kyokai  Reference No.:  Date:  APPLICATION FOR PEDIODICAL EXAMINATION OF AIRBORNE SOUND INSULATION PROPERTIES  Applicant:  Address:  Person in charges  Section/Department:  Phone No.:  Name:  We hereby request the periodical examination of the airborne sound insulation properties of the material below and attach the following data and information for reference.  Intended Use:  Type of Product:  Manufacturer’s Name:  Manufacturer’s Address:  Date on which Approval was granted:  Certificate Number:  Date of Periodical Examination:  Attached documents:  Applicant:  (signature) |