

JISHA OSHMS Certification Application Form

Receipt number:	
Receipt date:	
Received by:	

To: Japan Industrial Health and Safety Association

Name of organization:	
Employer:	signature

We hereby apply for JISHA OSHMS Certification as follows.

Date of application			
Applicant worksite			
Address			
Access to the site			
Department in charge		Contact person	
TEL		FAX	
e-mail		Number of employees	
Industry sector		Labor insurance sector number	
Business description			
Note (i.e. Scope of certification)			
Whether or not apply to disqualification items	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Whether or not you are a JISHA Member	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Also please attach the organization chart of the applicant worksite.

The personal/company information filled in shall be used for JISHA OSHMS standard certification only (contact, operation, enquiry, etc.), and held in the strictest confidence.