

Form No.18 (Related to Article 82)

Reissue of Skill Training Course Completion Certificate
Application for Change in Skill Training Course Completion Certificate for ()
Issue of Document Certifying Completion of Skill Training Course

Name	
Date of birth	
Registered domicile	
Current address	
Reason for reissue, etc.	

Date:

Name of applicant Seal

To: ()

Notes:

1. In the parentheses in the title, fill in the category of the skill training course listed in each item of Appended Table 18 of the Industrial Safety and Health Act. Delete "Reissue of Skill Training Course Completion Certificate," "Change in Skill Training Course Completion Certificate" or "Issue of Document Certifying Completion of Skill Training Course" from the title, whichever are not applicable.
2. Attach the old completion certificate when applying for reissue of a completion certificate or for issue of a document certifying completion due to damage. Attach the old completion certificate and the document certifying the indicated change when applying for a change in the completion certificate or for issue of a document certifying completion due to a change in the permanent address or name.
3. In the parentheses in the "To" section at the end of the form, fill in the name of the registered skill training institution that issued the skill training course completion certificate (in case the registered training institution has abolished the relevant skill training course, including cases where the relevant registration was revoked or the relevant registration ceased to be effective) and in case the proviso of paragraph (1), Article 24 of the Ordinance on Registered Agency for Inspection at the Time of Manufacture, Etc. applies, fill in the name of the institution designated by the Minister of Health, Labour and Welfare as prescribed in the proviso of said paragraph.