

Form No.20-3 (Related to Article 87-5)

Certificate of Exemption from Notification of Plan

Address:

Name or company name:

Name of representative:

Date of approval:

Name of workplace subject to accreditation:

Address of workplace subject to accreditation:

Accreditation number:

Term of validity:

I hereby certify that the workplace stated above is the workplace accreditation pursuant to the proviso of paragraph (1) of Article 88 of the Industrial Safety and Health Act (including cases where this proviso applies mutatis mutandis pursuant to paragraph (2) of the same Article).

Date:

Chief of Labour Standards Inspection Office

Seal