

Form No.21-3 (Related to Article 95-4)

Application for Course for Personnel Engage in Industrial Accident Prevention

Name	
Date of birth	
Address	
Training course instructed	
Category of personnel engaged in industrial accident prevention	

Date:

Name of applicant:

To: Designated Training Institution

Notes:

1. For "Training course instructed," fill in fill in the category of training course that the Director of Prefectural Labour Bureau specified for the employer.
2. For "Type of industrial accident prevention worker," fill in fill in "General safety and health officer," "Safety officer," "Health officer" or "Overall safety and health controller," whichever is applicable; if none of them is applicable, fill in fill in the type of work performed.
3. Attach a document describing the content of the instruction given by the Director of the Prefectural Labour Bureau to the employer.