

※ Change approval no.	
※ Date of change approval	

Revenue stamp

(Must not be marked)

Application for Approval of Changes to the Business Category

and

Application for Rewriting of the License Permit

Date:

To the Minister of Justice and the Minister of Health, Labour and Welfare

Applicant

Seal

- Pursuant to the provisions of Article 32, paragraph (1) of the Act on Proper Technical Intern Training and Protection of Technical Intern Trainees, I hereby apply to make changes to the category of business pertaining to the supervising license as given below.
- Pursuant to the provisions of Article 32, paragraph (1) of the Act on Proper Technical Intern Training and Protection of Technical Intern Trainees, I hereby apply for rewriting of the license permit as given below.

Description

1. Content of changes	① Content and scheduled date of changes	<input type="checkbox"/> Change from general supervising business to designated supervising business (Scheduled date of terminating the general supervising business:) <input type="checkbox"/> Change from specified supervising business to general supervising business (Scheduled date of commencing the general supervising business:)
	② Reason for changes	
2.	① Name with furigana	

Supervising organization					
	② Address	Postal code - (Tel. - -)			
	③ Name with furigana of the representative				
	④ Corporation no.				
	⑤ Name with furigana, job title and address of officers	<input type="checkbox"/>	Name	Job title	Address
		<input type="checkbox"/>			Postal code -
		<input type="checkbox"/>			Postal code -
		<input type="checkbox"/>			Postal code -
		<input type="checkbox"/>			Postal code -
		<input type="checkbox"/>			Postal code -
⑥ Name with furigana of managing officer					
⑦ Measures of an external audit	<input type="checkbox"/> Yes (name of external auditor:) <input type="checkbox"/> No (name of designated external officer:)				
⑧ Type of juridical person	<input type="checkbox"/> Chamber of Commerce and Industry <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Small Business Association <input type="checkbox"/> Vocational training corporation <input type="checkbox"/> Agricultural Cooperative <input type="checkbox"/> Fisheries Cooperative Association <input type="checkbox"/> Public interest incorporated association <input type="checkbox"/> Public interest incorporated foundation <input type="checkbox"/> Other ()				
⑨ Scope, etc. of applicable occupations of supervising-organization -type technical intern training					
2. Place of	① Name with furigana				

business engaging in the supervisi ng business	② Location		Postal code - (Tel. - -)
	Supervising manager	③ Name with furigana	
		④ Address	
	※Business branch no.		
4. Sending organization in a foreign country	① Name		
	② Address		
	③ Name of representative		
5. Summary of the method of accepting applications for supervised-organization-type technical intern training in cases of accepting applications for supervised-organization-type technical intern training without mediation			
6. License date			Date:
7. License no.			
8. Summary of structure to respond to consultations from supervised-organization-type technical intern trainees			
9. Remarks			

Notes.

1. Do not write anything in sections that have this mark ※
2. Section 1. Put a check mark next to the change which is the subject of this application, and write the scheduled date of the change.
3. Section 2 ② to Section 5 inclusive, and Section 8. Fill in only if there are any changes.
4. Section 2 ⑤. If you do not have enough space to fill in all of the required information within the designated sections, write “As given in the attached paper” in the section, and attach a separate sheet.
5. Section 2 ⑦. Put a check mark next to “Yes” or “No” of the external audit measures. In addition, write the name of the person conducting the external audit in cases of “Yes”, and the name of the designated external officer in cases of “No”.

6. Section 2 ⑧. Put a check mark next to the applicable type of juridical person of the applicant.
7. Section 2 ⑨. In cases of occupations and work subject to transfer, write the code number, occupation name and work name by referring to the Code Table separately provided by the Minister of Justice and Minister of Health, Labor and Welfare. In addition, if it is not possible to write all the required information in this section, write "As given in the attached paper" in the designated section, and attach a separate sheet.
8. Section 3. Write all of the places of business where the applicant intends to engage in the supervising business. If there are two or more places, write "As given in the attached paper" in the same section, and attach a separate sheet.
9. Section 4. Write all of the sending organizations in a foreign country from which the applicant plans to receive mediation for applications for supervising-organization-type technical intern training. If there are two or more organizations, write "As given in the attached paper" in the same section, and attach a separate sheet.
10. Section 5. Give details if the applicant intends to accept applications for supervising-organization-type technical intern training directly from a person who wishes to become a supervising-organization-type technical intern trainee.
11. Section 9. Write the name, job title and contact information of the person in charge pertaining to the application for a change to the business category pertaining to the supervising license. If there are any other matters which need to be notified, write those as well.
12. The revenue stamp should only be affixed to the original copy of the written application, and should not be marked.