

Form #2 (related to Article 3)

License Reissuance Application (**English Guide**)

Date (YYYY/MM/DD) **2020**年 **1**月 **30**日

Mayor of Minamisoma

Address **Minamisoma-shi, △△-ku △△-chome-△△**

Applicant Name **Jane Doe**

Phone Number **123-4567-8910**

I submit the following license reissuance application in accordance with the Rabies
Precautionary Measures Article 6, Measure 1.

Note: 1 Please fill in the information within the bolded box.

2 Check the appropriate boxes.

Year registered	2020
Registration number	第 000000000000 号
Dog's address	Minamisoma-shi, △△-ku △△-chome-△△
Reason for application	<input checked="" type="checkbox"/> Loss <input type="checkbox"/> Damage

Date re-registered	
Reissued registration number	
Date of reissuance	年 月 日

Note: 1 For corporate bodies, use the office address and the name of the corporate body as well as the name of a representative when filling out the owner's information.

2 In cases where the license has been damaged, please hand over the current license.