

廃棄物の処理及び清掃に関する法律施行細則の一部を改正する規則新旧対照表

| 改正後   | 改正前            |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p>別記様式第1号（第2条関係）<br/>(第3面)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">申請者(個人である場合)</td> </tr> <tr> <td style="width: 20%;">(ふりがな)<br/>氏名</td> <td style="width: 20%;">生年月日</td> <td style="width: 60%;">本籍<br/>住所</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="3" style="text-align: center;">(法人である場合)</td> </tr> <tr> <td>(ふりがな)<br/>名称</td> <td>住所</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="3" style="text-align: center;">法定代理人(申請者が法第7条第5項第4号チに規定する未成年者である場合)</td> </tr> <tr> <td>(ふりがな)<br/>氏名</td> <td>生年月日</td> <td>本籍<br/>住所</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="3" style="text-align: center;">(法人である場合)</td> </tr> <tr> <td>(ふりがな)<br/>名称</td> <td>住所</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="3" style="text-align: center;">役員(法定代理人が法人である場合)</td> </tr> <tr> <td>(ふりがな)<br/>氏名</td> <td>生年月日<br/>役職名・呼称</td> <td>本籍<br/>住所</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="3" style="text-align: center;">法第7条第5項第4号リに規定する役員(申請者が法人である場合)</td> </tr> <tr> <td>(ふりがな)<br/>氏名</td> <td>生年月日<br/>役職名・呼称</td> <td>本籍<br/>住所</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> | 申請者(個人である場合)   |          |  | (ふりがな)<br>氏名 | 生年月日 | 本籍<br>住所 |  |  |  | (法人である場合) |  |  | (ふりがな)<br>名称 | 住所 |  |  |  |  | 法定代理人(申請者が法第7条第5項第4号チに規定する未成年者である場合) |  |  | (ふりがな)<br>氏名 | 生年月日 | 本籍<br>住所 |  |  |  | (法人である場合) |  |  | (ふりがな)<br>名称 | 住所 |  |  |  |  | 役員(法定代理人が法人である場合) |  |  | (ふりがな)<br>氏名 | 生年月日<br>役職名・呼称 | 本籍<br>住所 |  |  |  |  |  |  |  |  |  |  |  |  | 法第7条第5項第4号リに規定する役員(申請者が法人である場合) |  |  | (ふりがな)<br>氏名 | 生年月日<br>役職名・呼称 | 本籍<br>住所 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <p>別記様式第1号（第2条関係）<br/>(第3面)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">申請者(個人である場合)</td> </tr> <tr> <td style="width: 20%;">(ふりがな)<br/>氏名</td> <td style="width: 20%;">生年月日</td> <td style="width: 60%;">本籍<br/>住所</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="3" style="text-align: center;">(法人である場合)</td> </tr> <tr> <td>(ふりがな)<br/>名称</td> <td>住所</td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="3" style="text-align: center;">法定代理人(申請者が法第7条第5項第4号チに規定する未成年者である場合)</td> </tr> <tr> <td>(ふりがな)<br/>氏名</td> <td>生年月日</td> <td>本籍<br/>住所</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="3" style="text-align: center;">法第7条第5項第4号リに規定する役員(申請者が法人である場合)</td> </tr> <tr> <td>(ふりがな)<br/>氏名</td> <td>生年月日<br/>役職名・呼称</td> <td>本籍<br/>住所</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> | 申請者(個人である場合) |  |  | (ふりがな)<br>氏名 | 生年月日 | 本籍<br>住所 |  |  |  | (法人である場合) |  |  | (ふりがな)<br>名称 | 住所 |  |  |  |  | 法定代理人(申請者が法第7条第5項第4号チに規定する未成年者である場合) |  |  | (ふりがな)<br>氏名 | 生年月日 | 本籍<br>住所 |  |  |  |  |  |  |  |  |  | 法第7条第5項第4号リに規定する役員(申請者が法人である場合) |  |  | (ふりがな)<br>氏名 | 生年月日<br>役職名・呼称 | 本籍<br>住所 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| (ふりがな)<br>氏名  | 生年月日<br>役職名・呼称 | 本籍<br>住所 |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 法第7条第5項第4号リに規定する役員(申請者が法人である場合)   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (ふりがな)<br>氏名  | 生年月日<br>役職名・呼称 | 本籍<br>住所 |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 申請者(個人である場合)  |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (ふりがな)<br>氏名  | 生年月日           | 本籍<br>住所 |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (法人である場合)   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (ふりがな)<br>名称  | 住所             |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 法定代理人(申請者が法第7条第5項第4号チに規定する未成年者である場合)  |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (ふりがな)<br>氏名  | 生年月日           | 本籍<br>住所 |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 法第7条第5項第4号リに規定する役員(申請者が法人である場合)   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (ふりがな)<br>氏名  | 生年月日<br>役職名・呼称 | 本籍<br>住所 |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                |          |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                   |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |              |  |  |              |      |          |  |  |  |           |  |  |              |    |  |  |  |  |                                      |  |  |              |      |          |  |  |  |  |  |  |  |  |  |                                 |  |  |              |                |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |





改正後

様式第20号 (第2条関係)

(裏)

|   |                |          |
|---|----------------|----------|
| 相続人(個人である場合)  |                |          |
| (ふりがな)<br>氏名  | 生年月日           | 本籍<br>住所 |
|   |                |          |
|   |                |          |
| 法定代理人(申請者が法第7条第5項第4号チに規定する未成年者である場合)  |                |          |
| (ふりがな)<br>氏名  | 生年月日           | 本籍<br>住所 |
|   |                |          |
| (法人である場合)   |                |          |
| (ふりがな)<br>名称  |                | 住所       |
|   |                |          |
| 役員(法定代理人が法人である場合)   |                |          |
| (ふりがな)<br>氏名  | 生年月日<br>役職名・呼称 | 本籍<br>住所 |
|   |                |          |
| 法第7条第5項第4号リに規定する役員(申請者が法人である場合)   |                |          |
| (ふりがな)<br>氏名  | 生年月日<br>役職名・呼称 | 本籍<br>住所 |
|   |                |          |
| 政令第4条の7に規定する使用人(相続人に当該使用人がある場合)   |                |          |
| (ふりがな)<br>氏名  | 生年月日<br>役職名・呼称 | 本籍<br>住所 |
|   |                |          |
| 備考  |                |          |
| 1 ※欄は記入しないこと。   |                |          |
| 2 「相続人」の欄から「政令第4条の7に規定する使用人」の欄までの各欄には、該当するすべての者を記載することとし、記載しきれないときは、この様式の例により作成した書面に記載して、その書面を添付すること。 |                |          |
| 3 この届出書は、相続の日から30日以内に提出すること。  |                |          |

改正前

様式第20号 (第2条関係)

(裏)

|   |                |          |
|---|----------------|----------|
| 相続人   |                |          |
| (ふりがな)<br>氏名又は名称  | 生年月日           | 本籍<br>住所 |
|   |                |          |
|   |                |          |
| 法定代理人(相続人が法第7条第5項第4号チに規定する未成年者である場合)  |                |          |
| (ふりがな)<br>氏名  | 生年月日           | 本籍<br>住所 |
|   |                |          |
|   |                |          |
| 政令第4条の7に規定する使用人(相続人に当該使用人がある場合)   |                |          |
| (ふりがな)<br>氏名  | 生年月日<br>役職名・呼称 | 本籍<br>住所 |
|   |                |          |
|   |                |          |
| 備考  |                |          |
| 1 ※欄は記入しないこと。   |                |          |
| 2 「相続人」の欄から「政令第4条の7に規定する使用人」の欄までの各欄には、該当するすべての者を記載することとし、記載しきれないときは、この様式の例により作成した書面に記載して、その書面を添付すること。 |                |          |
| 3 この届出書は、相続の日から30日以内に提出すること。  |                |          |

