附件

《消防设施操作员（中级）职业培训报名表》

培训对接人： 联系方式：

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 民族 | 年龄 | 籍贯 | 身份证号码 | 学历 | 电话 | 单位（开发票名称） | 纳税人识别号 | 参加期次 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
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| 11 |  |  |  |  |  |  |  |  |  |  |  |

备注：为便于培训报名及后期实操培训的组织实施，此表须详细填写；填写完成后将电子表格提交至河南省物业管理协会邮箱（hncpma@163.com）