安徽省特种作业人员安全操作资格考核申请表

初训 复审 换证

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | | 出生日期 | | | | |  | | | | | | | | | 须 贴 一 寸 彩 照 | | | |
| 性 别 |  | | | | | | | 最高学历 | | | | |  | | | | | | | | |
| 原证书有效期截止时间 | | | | |  | | | | | | | | | | | | | | | | |
| 申报工种及操作范围 | | | | |  | | | | | | | | | | | | | | | | |
| 身份证号码 | |  |  |  |  |  |  | |  |  | |  | |  | |  | |  |  |  |  | |  |  |  |
| 工作单位 | |  | | | | | | | | | | | | | 联系电话 | | | |  | | | | | | |
| 工作简历 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 体 检 记 录 及 结 论 | | 健康承诺  本人承诺身体健康，无妨碍从事  相关责任全部由我本人承担。 | | | | | | | | | | | | | | | 作业的疾病和生理缺陷。如有隐瞒,  承诺人签字:  年 月 日 | | | | | | | | |
| 所 在 单 位 意 见 | | (公 章)  年 月 日 | | | | | | | | | 培 训 单 位 意 见 | | | | | | (公 章)  年 月 日 | | | | | | | | |