附件3

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| **广东省城镇供水协会职业技能培训证书申请表** | | | | | | | | | | | | | |
| 姓　 名 |  | 性别 | |  | 出生日期 | |  | | | 文化程度 |  | |  |
| 身份证号 |  | | | | 职　 称 | |  | | | 职　 务 |  | | 相 |
| 所在单位 |  | | | | | | | | | | | | 片 |
| 单位地址 |  | | | | | | | | | | | |  |
| 通讯地址 |  | | | | | | | | 邮政编码 | | |  | |
| 电　 话 |  | | 手机 | | |  | | | 传　真 | | |  | |
| 申请考核项目 | | | 考　核　成　绩 | | | | | | | | | 主考人（签字） | |
| 理　论 | | | | | 操　作 | | | |
| 净水工艺 | | |  | | | | |  | | | |  | |
|  | | |  | | | | |  | | | |  | |
|  | | |  | | | | |  | | | |  | |
| 申请人所在单位意见： | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | |
| （单位盖章）　　　　年　　月　　日 | | | | | | | | | | | | | |
| 发证单位意见：  证书号： 粤 号  （单位盖章）　　　　年　　月　　日 | | | | | | | | | | | | | |  |

注：请附小一寸彩照两张。