附件

**中级消防设施操作员（监控方向）培训班回执表**

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| **公司名称****（加盖公章）** |  |
| **联系人姓名** |  | **联系人手机** |  |
| **序号** | **姓名** | **性别** | **身份证号** | **学历** | **手机号码** | **备注** |
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注：请将中级消防设施操作员（监控方向）培训回执表发送至邮箱：2683880281@qq.com