**附件：**

**环境保护设施运行人员（烟尘烟气连续自动监控）技能培训班报名表**

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| 参加培训人员信息 | | | | | | | | | | | | |
| 姓名 | 性别 | | 民族 | 岗位 | 文化程度 | 联系电话 | | 电子发票，发送邮箱地址。（一定填写正确） | | 身份证号 | 从业年限 |  |
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| 参培单位增值税普通发票开票信息 | | | | | | | | | | | | |
| 单位名称 | |  | | | | | 纳税人识别号 | |  | | | |
| 单位地址 | |  | | | | | | | | | | |