**附件1：**

**报废机动车回收拆解技师职业技能鉴定培训班报名表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **单 位** |  | | | | **联系人（手机）** | | |  |
| **地 址** |  | | | | | | | |
| **区 号** |  | **电话** |  | | **传 真** | |  | |
| **姓 名** | | **性别** | **出生年月** | **职 务** | | **申报等级** | | **手 机** |
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**附件2：**

**再生资源行业特有工种职业技能鉴定申请表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | **性 别** | | |  | | **民族** | |  | | **二**  **寸**  **照**  **片** |
| **文化程度** |  | | **出生年月日** | | |  | | | | | |
| **工作单位** |  | | | | | **电 话** | |  | | | |
| **通讯地址** |  | | | | | **邮 编** | |  | | | |
| **身份证号码** |  | | | | | | | | | | |
|  | **编 号** | | |  | | | **职业（工种）** | | | |  | |
| **现持证书** | **发证时间** | | |  | | | **技术等级** | | | |  | |
|  | **发证单位** | | |  | | | | | | | | |
| **从事本职业（工种）工作时间** | | | | |  | | | | | | | |
| **申请鉴定职业** | |  | | | **申请鉴定级别** | | | |  | | | |
| **单 位 意 见** | | **盖章：**  **年 月 日** | | | | | | | | | | |
| **鉴定机构意见** | | **盖章：**  **年 月 日** | | | | | | | | | | |