附件

**深圳市2019年碳排放核查员专业知识考核报名信息统计表**

**报名单位（盖章）：**

**报名单位联系人： 联系电话：**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **学历** | **专业** | **参加工作时间** | **专业工作年限** | **职称** | **身份证号** | **手机号码** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |