附件

**深圳市2020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：**

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| **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** | **邮件地址** |
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注：邮件地址用于接收准考证等相关信息，请务必填写正确。