广州市白蚁防治行业协会2023会员单位报审表

年审单位： 声明：本单位对本所填内容的真实性负责。 （公章）

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| 单位  基本  信息 | 统一社会信用代码： 是否备案： | | | | | | | | | | | 通讯地址： | | | | | 公司邮箱： | |
| 法定代表人姓名： | | | | | | 身份证号码： | | | | | | | | 固话： | | 手机： | |
| 负责人姓名： | | | | | | 固话： | | | 手机： | | | | 短信接收手机： | | | 微信号： | |
| 公司成立时间： | | | | | 入会时间： | | | | 获得资质时间： | | | | | | 是否加入本市同行业其它协会： | | |
| 二、  专业  技术  人员 | 类别 | | 姓名 | | 性别 | 年龄 | | 学历 | 职称 | | 证件名称 | | 发 证单位 | | | | | 有无社保 |
| 建筑 | |  | |  |  | |  |  | |  | |  | | | | |  |
| 生物 | |  | |  |  | |  |  | |  | |  | | | | |  |
| 药物 | |  | |  |  | |  |  | |  | |  | | | | |  |
| 三、  白蚁  防治  技术  培训  合格  人员 |  | 姓名 | | 性别 | 级别 | 证件编号 | | | 培训单位 | | | | 身份证号 | | | | | 有无社保 |
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| 此表如不够填写，可按此格式另制表格。 | | | | | | | | | | | | | | | | | |  |
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| 备注栏： | | | | | | | | | | | | | | | | | | |

填表人： 法定代表人（或负责人）签字： 填表日期：  
填表说明：一、“专业技术人员”栏“证件名称”项，可填“毕业证”、“职称证”、“技能证”。二、“白蚁防治技术培训合格人员”指原来的“职业上岗”人员。