附件2

 **机动车排气检测人员培训班报名回执表**

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| 单位名称 |  |
| 姓名 | 性别 | 身份证号码 | 职务/职称 | 文化程度 | 联系电话 |
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注：回执请传真至：0752-2589366

或发邮箱至：hzshbxh@163.com