附件3

**惠州市第六期机动车排气检测人员培训班报名回执表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 | 是否住宿 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

注：回执请传真至：0752-2589366

或发邮箱至：hzshbxh@163.com