附件

2024年深圳市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：**

**联系人邮箱：**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | **电子邮箱** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |

**注：电子邮箱用于接收准考证等相关信息，请务必填写正确。**