|  |
| --- |
| **甘肃省建筑施工特种作业人员考核申请汇总表** |
| 市州： 年 月 日（公章） |
| **序号** | **姓名** | **性别** | **出生年月** | **年龄** | **身份证号** | **学历** | **操作类别** | **考试成绩** | **联系电话** | **单位** |
| **理论** | **操作** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

附件三