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| 附件  **应急救援员（五级）鉴定申请报名信息表** | | | | | | | |
| **序号** | **学员姓名** | **证件类型** | **证件号** | **手机号码** | **文化程度** | **所在单位** | **备注** |
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注：请将中级消防设施操作员（监控方向）培训回执表发送至邮箱：[2683880281@qq.com](mailto:1091354560@qq.com)