**注册安防工程师认定申请表**

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| 申  请  人 | 姓 名 | | | |  | | 性别 |  | | | | 出生年月 | | | | | | |  | | | | | | | | | | （贴2寸免冠  正面彩色近照） | | | | | | | |
| 申请注册  类 别  （可多选） | | | | 1.交通□ 2.枪支弹药□ 3.燃气系统□ 4.通信单位□  5.医院□ 6.党政机关□ 7.零售商业□ 8.住宅小区□  9.学校□ 10.水利□ 11.电力□ 12.特种设备□  13.农业□ 14.其他□ | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证件  名 称 | | | |  | | | | | 身份证件号 码 | | |  | |  | |  |  | |  |  | |  | |  |  |  |  |  | |  |  |  |  |  |  | |
| 参加工作  时 间 | | | |  | 职务\职称 | | | |  | | | | | | | | | | 从事安全防范相关工作年限 | | | | | | | | |  | | | | | | | |
| 最高学历 | | 毕业院校 | |  | | | | | | | | | | | | | | | 所学专业 | | | | | | | | |  | | | | | | | |
| 毕业时间 | |  | 学 历 | | | |  | | | | | | | | | | 学 位 | | | | | | | | |  | | | | | | | |
| 固定电话 | | | |  | 移动电话 | | | |  | | | | | | E-mail | | | | | |  | | | | | | | | | | | | | | |
| 聘  用  单  位 | 名 称 | | | |  | | | | | | | | | | | | | | | | | | | 单位属性代 码 | | | | | |  | | | | | | |
| 通讯地址 | | | |  | | | | | | | | | | | | | | | | | | | 邮政编码 | | | | | |  | | | | | | |
| 联系部门 | | | |  | | | | 联系电话 | |  | | | | | | | | | | | | | 传 真 | | | | | |  | | | | | | |
| 从事安全防范相关业务工作经历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | 工作单位 | | | | | 职务及职称 | | | | | 从事何种安全防范业务工作 | | | | | | | | | | | | | | | | | | | | | | |
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| 本人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 聘  用  单  位  意  见 | | 负责人（签名）：  （单位公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 省级  授权机构意见 | | 经办人：  （公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 院注册机构意见 | | 经办人：  （公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：此表共两页，须正反面打印。申请人填写内容除签名用钢笔或签字笔填写外，其余打印。