附件2

特种设备检验人员考试成绩复核申请表

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 考生基本信息 | 姓名 |  | | | 准考证号 | |  |
| 身份证号 |  | | | | | |
| 联系电话 |  | | | | | |
| 通信地址 |  | | | | | |
| 申请复核项目 | 气瓶检验员 | | | | | | |
| 🞎取证 | | 🞎换证 | | | 🞎换证 | |
| 考生 签名 |  | | | 日期 | |  | |
| 考试机构审核意见 |  | | | 日期 | |  | |