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| 附件2：  **《培训证书》申请换证或延期信息登记表** | | | | | | | |
| 单位名称 |  | | | | 年 月 日 | | | |
| 联系人 |  | 联系电话（手机） |  | 邮寄地址 |  | | | |
| 姓名 | 身份证号码 | 证书编号 | 发证时间 | 继续再教育学时/次数 | 培训机构名称 | 换证/延期 | 联系电话 | |
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