附件：

云南省报废机动车回收人员换证登记表

填报单位： （公章）

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| --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓 名 | 性 别 | 职 务 | 上岗证编号 | 联系方式 | 备注 |
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填报时间：

注：此表由报废机动车回收拆解企业填写，并加盖公章，未加盖主体企业公章的不予换证。