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|  Угловой  штамп предприятия |

 Директору АНО ДПО

 «Учебный центр «Старт»

 В.Н.Беляеву

Заявка

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 (полное наименование предприятия, организации)

 (министерство, ведомство, отрасль или профиль предприятия)

Просит Вас провести обучение по программам ***Охрана труда*** и ***пожарно-технический минимум***

следующих специалистов (руководителей):

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| №п/п |  Фамилия, имя, отчество (полностью) |  Годрождения | Образование | Должность |  Стаж работы по занимаемой должности |  Дата последнего обучения по охране труда и ПТМ |
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Наши реквизиты:

Адрес\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (фактическое место расположения предприятия)

 Телефон \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Факс \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ИНН предприятия

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Расчетный счет

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В банке\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ИНН банка

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Код по ОКОНХ

Код по ОКПО

 Оплату гарантируем.

Руководитель \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Главный бухгалтер\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_