|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **广东劳动学会职业技能等级认定成绩复核申请表** | | | | | | | | | |
|
|  |  | |  |  | |  | | |  | |  |  |
| 姓名 | |  | | | | | 工种级别 |  | |
| 认定时间 | |  | | |  | | 复核科目 |  | |
| 身份证号 | |  | | | | | 准考证号 |  | |
| 联系电话 | |  | | | | | | | |
| 申请 复核 原因 | 签字: | | | | | | | | |
|
|
|
|
|