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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) | Год  рождения | Образование | Должность | Стаж работы по занимаемой должности | Дата последнего обучения по охране труда и ПТМ |
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Наши реквизиты:

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(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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_