**附件1**

**法人机构基本情况表**

**（制造单位承接维保、独立取证维保单位、独立取证分支机构）**

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| 单位名称 | | | （盖章） | | | | | | | | |
| 单位地址 | | |  | | | 24小时值班电话 | |  | | | |
| 证书编号 | | |  | | | 证书有效期 | |  | | | |
| 法人代表（主要负责人） | | |  | | | 联系手机号 | |  | | | |
| 技术负责人 | | |  | | | 联系手机号 | |  | | | |
| 维保负责人 | | |  | | | 联系手机号 | |  | | | |
| 自检负责人 | | |  | | | 联系手机号 | |  | | | |
| 质保工程师 | | |  | | | 联系手机号 | |  | | | |
| 96333一级响  应承诺时间 | | |  | | | 96333二级响应承诺时间 | |  | | | |
| 填写两组应急救援负责人及手机号： | | | | | | | | | | | |
| 技术人员数量 | | | 人 | 持证维保人员数量 | | 人 | | 维保电梯数量 | | | 台 |
| **湖州市辖区内维保点设立情况** | | | | | | | | | | | |
| 维保  点名称 | | 地址 | 负责人 | 联系手机号 | | 应急手机号 | | 维保人员数量 | | | 维保电  梯数量 |
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| **湖州市辖区内维保作业人员名单** | | | | | | | | | | | |
| 序号 | | 姓名 | 所在区县岗位 | | 身份证号 | | 资格证号 | | 联系手机号 | | |
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| 施工设备和检测仪器目录 体系、规范和标准目录 | | | | | | | | | | | |
| 序号 | 名称 | | 型号 | | 编号 | 序号 | | | | 名称 | |
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**注：1、制造单位仅维保本公司内部使用电梯的不作备案要求。**

**2、人员名单等列表不够可另附表。**