**附件3**

**维保点单位基本情况表**

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| 授权单位名称 | | （盖章） | | 证书编号 |  |
| 授权单位地址 | |  | | 维保电梯数量 |  |
| 法人代表 | |  | | 联系手机号 |  |
| 维保点名称 | |  | | 证书编号 |  |
| 维保点地址 | |  | | 24小时值班电话 |  |
| 授权范围 | |  | | 授权有效期 |  |
| 负责人姓名 | |  | | 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： | | | | | |
| **湖州市辖区内维保点人员名单** | | | | | |
| 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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| **湖州市辖区内二级维保点设立情况** | | | | | | | | |
| 序号 | | 维保点名称 | 地址 | 负责人 | 联系电话 | | 维保人  员数量 | 维保电  梯数量 |
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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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| 其他  情况  说明 |  | | | | | | | |