|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 酸素欠乏硫化水素危険作業主任者  技 能 講 習 受 講 申 込 書 | 受講希望日 | 令和 |  | 年 |  | 月 |  | 日 | | 希望する実技日に  ○を記入 | ３日目　・　４日目 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ・この申込書を基に修了証を作成しますので、戸籍に記載さ  　れた文字を正確に記入して下さい。なお、不鮮明な写真で  　は修了証に反映されませんのでご注意ください。  ・本様式は、Ａ４版サイズで提出してください。（感熱紙不可）  ※印欄は記入しないこと。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * 受付番号 | | | | | | | | | |  | | | | | | | | | | | | | | |
| * 修了証番号 | | | | | | | | | |  | | | | | | | | | | | | | | |
| * 修　了　証   交付年月日 | | | | | | | | | |  | | | | | | | | | | | | | | |
| ふりがな | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | ( | | | | |  | | | | | | | | | | ) | | 写真貼付 | | 写真について  3.0cm×2.4cm  申請前6ヶ月以内に撮影した上三分身正面脱帽、無背景のもの。  （裏面に氏名を記入) | | | | |
| 氏　　名 | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | ( | | | | |  | | | | | | | | | | ) | |
| 修了証に旧姓・通称併記を希望される方は(　)内に記入のこと。詳しくは欄外●参照。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生年月日 | | | | 昭和　・　平成 | | | | | | | | | | |  | | | | | | | | | | 年 | | | | |  | | | | | | | | 月 | | |  | | | | 日生 | | | | | | |
| 現　住　所 | | | | 〒 | | |  | | | | | | － |  | | | | | | | | |  | | | | | | | | | | | | | | | TEL | | | | |  | | | | | | （ | |  | | | | ) |  | | |
|  |  | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受講者勤務先 | 会社名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | 〒 | |  | | | | | | | － |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEL | | | | |  | | | | | | | | （ | | |  | | | | | | ） | | |  | | | | | | | | | | FAX | | |  | | | | | | | （ | |  | | | | | ） |  | |
| 担当者連絡先 | 会社名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | 担当者名 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | 部課名 | | | |  | | | | | | | | | | | |
| 所在地 | | | 〒 |  | | | | | | | | － |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEL | | | | | |  |  | | | | | （ | |  |  | | | | | ） | | |  | | | | | | | | | FAX | | | | | |  | | | | | （ | | | |  | | | | | ） |  | |
| 備　　　 考 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **支払い予定日** | | | | | | | |  | |  | | | | | **月** | | |  | | **日** |
| ( 講習日の2週間前までにお願いします ) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **静岡労働局長登録教習機関　（登録第1号）** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 令和 |  | | 年 | | | | | | |  | | | | | | | 月 | | | |  | | | | | 日 | | | | | **（公社）静岡県労働基準協会連合会長** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （ | | | | |  | | | | | | | | | | | | | | | 労働基準協会） | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | |

**証 明 書 類 貼 付 欄　( 旧姓・通称併記希望の方のみ )**

●旧姓・通称の併記を希望される方は、氏名欄の（　）内に旧姓・通称を記入し、以下のいずれかの書類の写しを添付してください。（裏面も使用して構いません）

　①旧姓・通称が記載された自動車運転免許証　②旧姓・通称が記載された健康保険被保険者証

③旧氏名欄に旧姓・通称が表記された住民票または住民票記載事項証明書（マイナンバーが記載されていないもの）

　④旧姓・通称が表記されたマイナンバーカード（マイナンバーが記載された裏面は不要）　⑤戸籍謄本または戸籍抄本

|  |
| --- |
| 《個人情報について》上記の個人情報につきましては、当会が安全に管理し、本講習の実施目的以外には使用いたしません。 |