附 件1

**师市“多测合一”测绘中介服务机构名录库入库申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **单位名称** | **（盖章）** | | | | | | **测绘资质证书证号** | | | |  |
| **成立时间** |  | **统一社会信用代码** | |  | | | **单位性质** | | | | **□事业  □企业** |
| **注册地址** |  | | | | | | | | | | |
| **办公地址** |  | | | | | | | | | | |
| **法定代表人** |  | | **办公电话** |  | | | | **手  机** | | |  |
| **技术负责人** |  | | **办公电话** |  | | | | **手  机** | | |  |
| **联系人** |  | | **职   务** |  | | | | **手  机** | | |  |
| **设立分支机构的单位或者其他非本地测绘单位需填写** | **测绘分支机构名称及注册地址（其他非本地测绘单位不需填写）** | | **分支机构名称** |  | | | | | | | |
| **注册地址** |  | | | | | | | |
| **分支机构负责人或当地测绘业务负责人** | |  | **办公电话** |  | | | | | **手 机** |  |
| **拟从事测绘中介服务的从业人数** |  | | **其中大专及以上学历人数** |  | | | | | **中级及以上技术职称专业人数** | |  |
| **拟从事测绘中介服务已注册的注册测绘师人员情况** | **姓名** | | **证书编号** | | | **姓名** | | | | | **证书编号** |
|  | |  | | |  | | | | |  |
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| **单位信用**  **情况** |  | | | | | | | | | | |
| **师市自然资源局审查意见** | **盖章：**  **年   月   日** | | | | | | | | | | |