**施放气球资质证申请表**

申请单位名称（盖章）：填报日期： 年 月 日

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| **申请类型** | | □新办 □延续 ☑变更 | | | | | | | | | | | | | |
| **资质证书编号** | |  | | | | | | | **有效期** | | |  | | | |
| **统一社会信用代码** | |  | | | | | | | | | | | | | |
| **法定代表人** | |  | | | | **联系电话** | | | | |  | | | | |
| **单位地址** |  | | | | | | | | | | **邮 编** | | |  | |
| **施放气球人员姓名及编号** | **姓名** | | **编号** | | **姓名** | | | **编号** | | | | | **姓名** | | **编号** |
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| **其中中级职称人员姓名** | | |  | | | | **专业** | | |  | | | | | |
|  | | | | **专业** | | |  | | | | | |
| **主要仪器设备及状况** |  | | | | | | | | | | | | | | |
| **安全管理制度、操作规程** | | | | □有 □无 □不完善 | | | | | | | | | | | |
| **气象主管机构职能部门实地查验意见** | 单位（盖章）  年 月 日 | | | | | | | | | | | | | | |
| **气象主管**  **机构意见** | 单位（盖章）  审查人： 核准人： 年 月 日 | | | | | | | | | | | | | | |

**备注：新办资质证申请时资质证书编号一栏为空，中级职称人员至少1名以上。**