附件1

**专家库候选人分专业名额分配表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **推荐单位** | **推荐名额** | **安全管理专业** | **地基与深基坑专业** | **模板专业** | **建筑机械专业** | **脚手架（附着升降式）专业** | **施工用电** | **钢结构专业** | **建筑智能化** | **消防安全专业** |
| 1 | 济南市 | 9 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 |
| 2 | 青岛市 | 9 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 |
| 3 | 淄博市 | 7 | 1 | 1 | 1 | 1 | 1 | 1 |  |  | 1 |
| 4 | 枣庄市 | 4 | 1 | 1 | 1 | 1 |  |  |  |  |  |
| 5 | 东营市 | 5 | 1 | 1 | 1 | 1 | 1 |  |  |  |  |
| 6 | 烟台市 | 7 | 1 | 1 | 1 | 1 | 1 | 1 |  |  | 1 |
| 7 | 潍坊市 | 7 | 1 | 1 | 1 | 1 | 1 | 1 |  |  | 1 |
| 8 | 济宁市 | 6 | 1 | 1 | 1 | 1 | 1 |  |  |  |  |
| 9 | 泰安市 | 6 | 1 | 1 | 1 | 1 | 1 | 1 |  |  |  |
| 10 | 威海市 | 6 | 1 | 1 | 1 | 1 | 1 | 1 |  |  |  |
| 11 | 日照市 | 4 | 1 |  | 1 | 1 | 1 |  |  |  |  |
| 12 | 临沂市 | 6 | 1 | 1 | 1 | 1 | 1 | 1 |  |  |  |
| 13 | 德州市 | 4 | 1 | 1 | 1 | 1 | 1 |  |  |  |  |
| 14 | 聊城市 | 4 | 1 | 1 | 1 | 1 | 1 |  |  |  |  |
| 15 | 滨州市 | 4 | 1 | 1 | 1 | 1 | 1 |  |  |  |  |
| 16 | 菏泽市 | 4 | 1 | 1 | 1 | 1 | 1 |  |  |  |  |
| 17 | 央 企 | 8 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

附件2：

**专家推荐表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 职称 |  | | | | | |  |
| 出生年月 |  | | | 性别 |  | | | | | |
| 工作单位 |  | | | | | | | | | |
| 现任职务 | |  | | | | | | | | |
| 学历和专业 | |  | | | |  | 专家类别 | | 主专业 | |  |
| 执业资格及证书编号 | |  | | | | 其他专业 | |  |
| 单位地址 | |  | | | | | | 邮编 | |  | |
| 详细通讯地址 | |  | | | | | | 邮编 | | |  |
| 联系电话 | | 办公室 |  | | | | | E-mail | | |  |
| 手机 |  | | | | |
| 身份证号 | |  | | | | | | | | | |
| 学习和工作简历： | |  | | | | | | | | | |

填写说明

1.推荐人必须如实填写本人状况，必要时可加注说明。

2.推荐人需准备本人电子照片一张。

3.专家类别一栏应按照山东省建筑安全与设备管理协会专家库候选人分专业名额分配表填写：。

4.本表填报后，以我会确定批准通知或颁发聘书为准。

附件3： 市 协会推荐专家汇总表（盖章）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 工作单位 | 专家类别 | 其他专业 | 手机号码 | 邮箱 | 职务 | 职称 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |