附件3

**六西格玛黑带复评申请表**

填表日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 | | |  | | | 出生年月 | | | |  | | | | | | 照片 |
| 国籍 |  | | | 所在地区 | | |  | | | 身份证号 | | | |  | | | | | |
| 服务单位 |  | | | | | | | | | 学历 | |  | | | | 专业 | | |  |
| 通讯地址 |  | | | | | | | | | | | | | | | 邮编 | | |  | |
| 联系方式 | 电话 | |  | | | | | 手机 | |  | | | | | | E-mail | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| 原黑带证书  编号 | | |  | | | | | | | 原证书有效期 | | | | | |  | | | | |
| 复评项目名称 | | |  | | | | | | | | | | | | | | | | | |
| 复评项目实施单位名称 | | |  | | | | | | | | | | | | | | | | | |
| 地址、邮编 | | |  | | | | | | | | | | | | | | | | | |
| 复评项目实施时间 | | | 自： | | | | | | | | | | | | 至： | | | | | |
| 项目收益 | | |  | | | | | | | | | | | | | | | | | |
| 复评项目实施概述（包括使用的工具）： | | | | | | | | | | | | | | | | | | | | |
| 项目倡导者对黑带项目及申请人的综合评价：  签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 电话（手机） | |  | | | | | | | E-mail | | | |  | | | | | | | |
| 服务单位评价意见：  本组织已审查申请人在申请中陈述的内容，情况属实，特此声明。  如有补充，请详述：  单位/部门（签名、盖章） 年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 联系人 | |  | | | | 电话 | | |  | | | | E-mail  传真 | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 本栏中国质量协会填写 | | | | | | | | | | | | | | | | | | | | |
| 申请受理日期 | | | | |  | | | | | | 申请未受理通知日期 | | | | | | |  | | |
| 黑带复评成绩 | | | | |  | | | | | | 复评合议日期 | | | | | | |  | | |
| 专家意见：  签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 新证书编号 | | | | |  | | | | | | 日期 | | | | | | |  | | |