**能力验证计划报名表**

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| **实验室名称** |  | | | |
| **实验室地址** |  | | | |
| **联系人** |  | **E-mail** | |  |
| **手机** |  | **实验室是否通过CNAS认可** | | **□是 □否** |
| **申请项目编号及名称** |  | | | |
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| **增值税发票信息** | | | | |
| **名 称** |  | | | |
| **纳税人识别号** |  | | | |
| **地址、电话** |  | | | |
| **开户行及账号** |  | | | |
| **实验室负责人签名：**  **年 月 日** | | | **实验室或其法人：（盖章）**  **年** **月** **日** | |
| **备注** |  | | | |