## 様式第1号

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|  | 01 | 1 | 新規 |  | ※02受付番号 |  |  |  |  |  |  |  |  |  |  |  | ※03業者コード |  |  |  |  |  |  |  |  |  |  |  | ※　申請者  05  　の規模 |  | 06適格組  　合証明 | 年　月　日 |
| 2 | 更新 |  | | | | | | | | | | | | | 04許可番号 |  |  | ‐ |  |  |  |  |  |  |  | 第　　　　　号 |

# 一般競争（指名競争）参加資格審査申請書（建設工事）

　　　　　　　年度において，霞台厚生施設組合で行われる建設工事に係る競争に参加する資格の審査を申請します。

なお，この申請書及び添付書類の内容については，事実と相違しないことを誓約します。

　　年　　月　　日

霞台厚生施設組合管理者　様

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| 07　本社(店)郵便番号 |  |  |  | ― |  |  |  |  |

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| 08　本社(店)住所 |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |

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| 09　商号又は名称 |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |

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| 代表者氏名 |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | 11　担当者氏名 |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |

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| 12本社(店)電話番号 |  |  |  |  |  |  |  |  |  |  |  |  | 13　担当者電話番号 |  |  |  |  |  |  |  |  |  |  |  |  |
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| 14本社(店)FAX番号 |  |  |  |  |  |  |  |  |  |  |  |  | 15　メールアドレス |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| 16　電子入札用ICカードの登録番号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

（17代理申請時使用欄）

17　申請代理人 申請代理人郵便番号

申請代理人住　　所　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　申請代理人電話番号

申請代理人氏　　名

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| 18　外資状況 | １　外国籍会社  〔国名：　　　　　〕 | ２　日本国籍会社  〔国名：　　　　　〕  （外資比率：100％） | ３　日本国籍会社  〔国名：　　　　〕　 〔国名：　　　　〕  （外資比率：　　％） （外資比率：　　％） | 19　営業年数（年） |  |  |  | 年 |  |
|  |  | | | | |
| 20　総職員数（人） |  |  |  |  |  |

※欄については，記載しないこと。（以下同じ。）

「16電子入札用ICカードの登録番号」欄には，茨城県の電子入札システムでの企業IDを記入すること。