

SIRA NO	TC KİMLİK NO	ADI SOYADI	SERTİFİKALANDIRMA	BELGE GEÇERLİLİK TARİHİ	BELGE NUMARASI	SERTİFİKALANDIRILDIĞI KAPSAMDA ÇALIŞIYOR MU?			
						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
1						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
2						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
3						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
4						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
5						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
6						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
7						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
8						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
9						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
10						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
11						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
12						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
13						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
14						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
15						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
16						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
17						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
18						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
19						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>
20						<input type="checkbox"/>	EVET	HAYIR	<input type="checkbox"/>

Yukarıda kimlik bilgileri yer alan belgeli personellerin, çalışma durumlarının listedeki gibi olduklarını beyan ederim.

FİRMA YETKİLİSİ

ADI SOYADI

TARİH

KAŞE-İMZA