附件 2

重点培养商标代理从业人员申请表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **身份证号** | **性别** | **年龄** | **最高** **学位** | **备案机构** **名称** | **累计从业** **时间（年）** | **擅长代理** **领域** | **是否机构** **负责人** | **是否具有律** **师资格证** | **是否有涉外** **代理经验** | **手机号** | **电子邮箱** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |