公告場所室內空氣品質維護管理專責人員

設置申請書

Exclusive Personnel of Indoor Air Quality Management of Proclaimed Place

Position Set-Up Application

公告場所名稱

Name of Proclaimed Place：_____

公告場所編號

Serial Number of Proclaimed Place：□□□-□□-□□-□□□□

填 表 日 期

Date ：____年(year)___月(month)___日(day)

一、室內空氣品質維護管理專責人員設置資料 Information of Position Set-Up for Exclusive Personnel of Indoor Air Quality Management			
1.公告場所名稱 Name of Proclaimed Place			
2.公告場所地址 Address of Proclaimed Place			
3.負責人或代表人姓名 Name of Person Responsible or Representative		4.職稱 Position Job Title	
5.場所所在負責單位 Unit Responsible for the Place		6.電話 Phone Number	
7.設置人數 Number of Personnel to Be Set-Up	___員(Persons) （所屬部門名稱 Department Name_____）		
8.公告場所列管日期 Date of Proclamation of the Place	a.依據(Base on)__年(year)__月(month)__日(day) 第___批公告 Proclamation Number b.公告場所列管生效日期 Effective Date of Proclamation of the Place:： __年(year)__月(month)__日(day)		
9.專責人員設置異動 Exclusive Personnel Position Change	a. 前一次核准日期 Date of Previous Approval: __年(year)__月(month)__日(day)（依受理機關核准日期填寫 Fill in accordance with the date accepted by authority for approval) b. 本次異動人員報備申請日期 Application Date for Upcoming Change： __年(year)__月(month)__日(day) c. 適當人員代理期間 Period of Acting Work of Appropriate Acting Personnel： __年(year)__月(month)__日(day)至(to)__年(year)__月(month)__日(day) （如有設置異動時，除應填寫本欄內容外，應於「10.專責人員資料」欄中，填寫異動前、後之人員資料，而異動前人員之個人資料可免附。如無設置異動本欄免填。When there is position change, in addition to the content of this section, both information of before and after change should be filled in Section 10 "Information of Exclusive Personnel". Leave this section blank if no change.)		

10.專責人員資料 Information of Exclusive Personnel		職稱 Title	資格證書字號 Certificate Number	專責人員任職日期 Exclusive Personnel In Service Period		解任原因 Reason for Dismissal
編號 Number	姓名 Name			到職日 Date Commenced	離職日 Date Dismissed	
1						
2						
3						
4						
5						

一、室內空氣品質維護管理專責人員設置資料(續)
Information of Position Set-Up for Exclusive Personnel of Indoor Air Quality Management(Continued)

12.檢 附 證 件 Attachments	a. 個人身份證明影印本 Photocopy of Personal ID： _____件(Copies)（影印本請加註與正本相符 Photocopies please add note of matching original copy) b. 專責人員合格證書本 Exclusive Personnel Certificate： _____件(pieces)（檢送每一合格證書之正本及影印本各 1 份，受理機關於回復公文時檢還該正本，影印本留存）(Attach the original copy and 1 photocopy for each certificate; original copy will be returned upon the response of document, and photocopy will be kept.) c. 勞健保卡影印本 Photocopy of Labor Insurance Card and National Health Insurance Card： _____件(Copies)（影印本請加註與正本相符 Photocopies please add note of matching original copy) d. 查詢勞保、健保資料同意書正本 Labor and National Health Insurance Information Disclosure Agreement： _____件(pieces) e. 政府機關人員檢附在職證明：Government personnel Prove of Service attached 件(pieces)（免附 c 項及 d 項證明文件）（Attachment C and D are waived）

保證書(Affidavit)

申請人(Applicant)_____今代表(represents)_____（公告場所名稱 Name of Proclaimed Place）在法律約束下，保證本申請書資料及所附文件俱為真實及完整，本人瞭解填寫不實將受法律處分 。
Under the law, hereby certify that the information in this application and all accompanying documents are true and complete, and I understand that providing any false information is subject to legal sanctions.

此　致 Hereto

_____環境保護局 Environmental Protection Department

（請填寫直轄市、縣（市）政府環境保護局）
(Please fill name of belonging municipality/country(city))

（申請之公告場所請加蓋公司（總公司或分公司）、機關（構）、學校及其負責人或代表人印鑑章）(Please affix the seal of the responsible person or representative of the company (headquarter or branch), agency (institution), or school.)

申請日期
Date of Application：__年(year)__月(month)__日(day)

二、公告場所室內空氣品質維護管理專責人員個人資料
Personal Information of Exclusive Personnel of Indoor Air Quality Management of Proclaimed Place

1. 專責人員基本資料
Personal Information of Exclusive Personnel

a.姓　　名 Name			請黏貼半身脫帽像片 Please attach bust photo without headwear
b.簽　　章 Signature			
c.身分證字號 ID Number			
d.職　　稱 Position Job Title			
e 戶籍住址 Residence Address			
f.通訊地址 Contact Address			
g.通訊電話 Contact Phone Number	（ ）		
h.資格證書字號 Certificate Number		i.核發日期 Date Issued	
j.證書有效期限 Certificate Effective Time	1.__年(year)__月(month)__日(day)生效(Effective Date) 2.專責人員在職訓練日期 Exclusive Personnel Training Date：___年(year)___月(month)日(day)（無則免填）(if applicable)		
k.勞保卡號 Labor Insurance Card number		l. 勞保生效日期 Effective Date of Labor Insurance	__年(year)_月(month)_日(day)

2. 身份證正反面影印本(請黏貼於本頁內，影印本應附記與正本相符)
Photocopy of ID, front side and back side (Please attach to this page add note of matching original copy)

二、公告場所室內空氣品質維護管理專責人員個人資料(續)

Information of Position Set-Up for Exclusive Personnel of Indoor Air Quality Management(Continued)

3. 專責人員合格證書影印本(請黏貼於本頁內，正本應隨文檢附）

Photocopy of Certificate for Exclusive Personnel (Please attach to this page, also attach the original copy along with this document）

二、公告場所室內空氣品質維護管理專責人員個人資料(續)

Information of Position Set-Up for Exclusive Personnel of Indoor Air Quality Management(Continued)

4. 勞健保卡影印本(請黏貼於本頁內，影印本應附記與正本相符)

Photocopies of Labor Insurance Card and National Health Insurance Card (Please attach to this page add note of matching original copy)

二、公告場所室內空氣品質維護管理專責人員個人資料(續)
Information of Position Set-Up for Exclusive Personnel of Indoor Air Quality Management(Continued)

5. 查詢勞健保資料同意書正本（範例：查詢勞保資料同意書、查詢健保資料同意書格式如後附）
Original Copy of the Labor and National Health Insurance Information Disclosure Agreement (Example: Format of Labor and National Health Insurance Information Disclosure Agreement are as attached below)

註：以上如不敷填寫，請自行以 A4 紙影印使用。

Note：If the above space is not enough for use, please use additional A4 papers

查詢勞保資料同意書

本人＿＿＿＿＿＿＿＿（姓名）身分證字號＿＿＿＿＿＿＿＿＿＿＿＿，任職＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿（公告場所名稱）擔任室內空氣品質維護管理專責人員，為查證工作經驗之需，同意＿＿＿＿＿＿＿＿＿＿環境保護局（直轄市、縣（市）環境保護主管機關）依「個人資料保護法」之規定，自即日起得向　貴局要求提供本人歷年來之投保異動資料（含投保單位、投保薪資），請　查照。

此致

勞動部勞工保險局

立同意書人：　　（簽名並蓋章）

身分證字號：

戶籍地址：

中　華　民　國　　年　　月　　日

Labor Insurance Information Disclosure Agreement

To Bureau of Labor Insurance, Ministry of Labor:

I, _____(Name), ID Number_____, employed at _____（Name of proclaimed place）as an Exclusive Personnel of Indoor Air Quality Management, for the purpose of investigation of work experience, hereby agree _____Environmental Protection Department（municipality, county(city) environmental protection authority）to request you to provide my insurance record (including insurance unit and insured salary) of past years, subject to the regulations of “Personal Information Protection Act”. Please consider and act accordingly.

Affiant: （Sign and seal）
ID Number:
Residency Address:

Subscribed and sworn to before me this day of __/__/__/ (year/month/day)

查詢健保資料同意書

本人＿＿＿＿＿＿＿（姓名）身分證字號＿＿＿＿＿＿＿＿＿＿，任職＿＿＿＿＿＿＿＿＿＿＿＿（公告場所名稱）擔任室內空氣品質維護管理專責人員，為查證工作經驗之需，同意＿＿＿＿＿＿＿＿環境保護局（直轄市、縣（市）環境保護主管機關）依「個人資料保護法」之規定，自即日起得向　貴署要求提供本人歷年來之投保異動資料（含投保單位、投保薪資、投保身分），請　查照。

此致

衛生福利部中央健康保險署

立同意書人：　　（簽名並蓋章）

身分證字號：

戶籍地址：

中　華　民　國　　年　　月　　日

National Health Insurance Information Disclosure Agreement

To National Health Insurance Administration, Ministry of Health and Welfare:

I, _____(Name), ID Number_____, employed at _____（Name of proclaimed place）as an Exclusive Personnel of Indoor Air Quality Management, for the purpose of investigation of work experience, hereby agree _____Environmental Protection Department（municipality, county(city) environmental protection authority）to request you to provide my insurance record (including insurance unit, insured salary, and insurance status) of past years, subject to the regulations of "Personal Information Protection Act". Please consider and act accordingly.

Affiant: （Sign and seal）
ID Number:
Residency Address:

Subscribed and sworn to before me this day of __/__/__/ (year/month/day)