様式第１２号（第２３条関係）

乗務員名簿

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| 番号 | 氏名 | 性別 | 患者等搬送乗務員適任証 | | | |
| 適任証交付番号 | 車椅子専用 | 交付年月日 | 交付機関名 |
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（注意）各乗務員の適任証の写しを添付すること。