**附件3**

**第一批、第二批专精特新中小企业复核情况汇总表**

市州中小企业主管部门(盖章):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **序号** | **企业名称** | **主导产品名称**  **(请勿填写英文)** | **行业领域** | **该企业产品、技术先进性的说明(不超过100字)** | **复核意见** | |
| **是否推荐** | **如不推荐，请注明理由** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **...** |  |  |  |  |  |  |