附件2

《基于驾驶模拟技术的公路线形评价指南(征求意见稿)》意见反馈表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **填表人姓名** |  | **职务或职称** |  | **填表日期** |  |
| **单位名称** | **（公章）** | | | | |
| **通信地址** |  | | | | |
| **电话** |  | | **E-mail** |  | |

**意见反馈：**

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| --- | --- | --- | --- |
| **序号** | **条款编号** | **修改建议** | **修改理由或依据** |
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**说明：修改建议请按照标准文本顺序依次排列，页面不够请另附页。**