# Załącznik nr 5 do SWZ

WYKAZ URZĄDZEŃ, KTÓRYMI DYSPONUJE WYKONAWCA

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| *Lp.* | *Nazwa urządzenia* | *Model* | *Rok produkcji* | *Uwagi* |
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*powtórzyć tabelę w razie konieczności*

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*data i podpis osoby(osób) uprawnionej(ych)*

*do reprezentowania Wykonawcy*