***REGISTRO DE FIRMAS 2024***

***ESCUELA:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***TELÉFONO­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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| ***APELLIDO Y NOMBRE*** | ***FIRMA*** | ***SELLO*** | ***CARGO*** | ***CELULAR*** |
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***DIRECCIÓN:*** ***LOCALIDAD­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***MEDIOS DE TRANSPORTE:***

***POSEE GABINE: SI NO (TACHAR LO QUE NO CORRESPONDE)***

***SELLO OVALADO FIRMA DEL INSPECTOR***