



Apellidos: PLANTILLA DE EXAMEN.

Nombre: T. PROT. CIVIL. Fecha: / /

Firma:

(Por favor, al firmar no sobrepase la zona sombreada)



Tipos de acceso

Libre Formación interna Discapacitado

D.N.I.

Ejemplo D.N.I. 2589031★

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7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

Consiento expresamente en la corrección de esta prueba, por medios manuales o mecánicos, y en la incorporación de sus resultados a un fichero automatizado, con los requisitos establecidos en la Ley Orgánica 15/99 de protección de datos, y me doy por enterado de mi derecho a acceder a la información contenida en el mismo, rectificaria o cancelarla en lo que me afecte.

MUY IMPORTANTE: LEA LAS INSTRUCCIONES DEL DORSO ANTES DE CUMPLIMENTAR EL DOCUMENTO

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PREGUNTAS RESERVA

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