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| **RECURSOS HUMANOS** TATUADORES | | | | | | | | | |
| **TITULAR / RAZON SOCIAL** | *NOMBRE* | | | | **DOMICILIO** | | *DOMICILIO DEL ESTABLECIMIENTO* | | |
|
| **DIRECTOR TECNICO** | **NOMBRE Y APELLIDO** | | *DIRECTOR TECNICO* | | | | | | |
| **NOMBRE**  **Y APELLIDO** | | **DNI** | | **LIBRETA SANITARIA**  **FECHA DE VENCIMIENTO** | | **CURSO DE CAPACITACION MINISTERIO DE SALUD D.S.Y D.** | | **FECHA DE LA CAPACITACION** | **FIRMA** |
| *NOMBRE* | | *DNI* | | ***FECHA*** | | *SI/NO* | | ***FECHA*** |  |
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| **ESTE DOCUMENTO TIENE CARÁCTER DE DECLARACION JURADA** | | | | | | | | | |
| **FIRMA Y SELLO DIRECTOR TECNICO** | | | | | | | | | |