

EXAMEN DE CUALIFICACIÓN INICIAL



Modelo: A B
 Ampliación: SI NO
 Viajeros / Mercancías

ETIQUETA IDENTIFICATIVA

Bien Mal Mal Mal
 Respuesta
 Corrección

Marque la casilla de la respuesta correcta en su totalidad. Si desea cancelar una respuesta, márquela en su totalidad, táchela con un doble trazo firme e inequívoco y a continuación marque la nueva respuesta correcta como se indica anteriormente. Si se trata de una ampliación de actividad debe marcar SI y contestar las 25 preguntas más la primera de reserva, de no ser así debe marcar NO y contestar el examen completo.

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| 33 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 34 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 36 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| A | B | C | D | A | B | C | D | A | B | C | D | A | B | C | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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