|  |
| --- |
| **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*** |  |
|  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  *\_ \_* |  *\_ \_ \_ \_*  |  |
|  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  *\_ \_* |  *\_ \_ \_ \_*  |  |
|  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  *\_ \_* |  *\_ \_ \_ \_*  |  |
|  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  *\_ \_* |  *\_ \_ \_ \_*  |  |
|  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  *\_ \_ \_ \_*  |  *\_ \_* |  *\_ \_ \_ \_*  |  |
| **ESTE DOCUMENTO TIENE CARÁCTER DE DECLARACION JURADA** |
|   **FIRMA Y SELLO DIRECTOR TECNICO** |