**DECLARACION JURADA DE MOVILES**

Mendoza, ***SELECCIONE FECHA***

**A LA SR/A**

**MINISTRO DE SALUD,**

**DESARROLLO SOCIAL Y DEPORTES**

El que suscribe  *NOMBRE Y APELLIDO*  DNI  *DNI*  en mi carácter de  *TITULAR / APODERADO*  de la institución  *NOMBRE DE LA INSTITUCION* , declaro bajo juramento que actualmente la totalidad de móviles que poseemos, asciende a la cantidad de  *CANTIDAD*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **N° DE MOVIL** | **MARCA** | **MODELO TIPO** | **MODELO AÑO** | **DOMINIO** |
| *N° MOVIL* | *MARCA* | *MODELO* | *AÑO* | *DOMINIO* |
| *\_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* |
| *\_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* |
| *\_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* |
| *\_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* |
| *\_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* |
| *\_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* |
| *\_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* |
| *\_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* |
| *\_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* |
| *\_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* |
| *\_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* |
| *\_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* | *\_ \_ \_ \_* |

……………………………………. …………………………...................

DIRECTOR TECNICO

Firma y aclaración

TITULAR O APODERADO DE LA EMPRESA

Firma y aclaración