

ANEXO 2

Academia Nacional de Bomberos de Chile

**NÓMINA DE ASISTENCIA A CURSO**

**VIRTUAL NIVEL BOMBERO INICIAL**

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| **Cuerpo de Bomberos** |  |
| **Fecha de realización de curso** |  | **Curso virtual** |  |
| **Instructor Coordinador** |  | **Correo electrónico** |  |

Requisitos del participante

* Ser aspirante debidamente inscrito en el Registro Nacional de Bomberos.

Datos del participante

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| **Nº** |  **Apellido Paterno** | **Apellido****Materno** | **Nombre** |  **Run** |  **Cuerpo** |  **RNB** | **Correo electrónico** | **Número celular de contacto** | **Observaciones** |
| **1** |  |  |  |  |  |  |  |  |  |
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Nombre y Firma Autoridad Cuerpo de Bomberos

2

ANEXO 2

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| **Nº** | **Apellido Paterno** | **Apellido****Materno** | **Nombre** |  **Run** |  **Cuerpo** |  **RNB** | **Correo electrónico** | **Número celular de contacto** | **Observaciones** |
| **11** |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |  |
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| **24** |  |  |  |  |  |  |  |  |  |