

SCHEDA PERSONALE CANDIDATO

COGNOME																						
NOME	2° NOME																					
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INDIRIZZO	CAP																					
CITTÀ	PROV.																					
OCCUPAZIONE																						
SCOLARITÀ																						
TEL.	E-MAIL																					
DOCUMENTO																						



FIRMA CANDIDATO

Riservato alla Segreteria del Test Center ECDL	
SKILLS CARD N. _____	RILASCIATA IL _____