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| **Tipo de Registro**   |  |  |  |  | | --- | --- | --- | --- | |  | ***Inscripción*** |  | ***Reinscripción*** | | | | | | | | | | |
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| **NOMBRE COMPLETO** | | | | | | | | **FECHA** | |
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| **PROFESIÓN** | | | | **MUNICIPIO** | | | | **ESTADO** | |
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| **DOMICILIO PARTICULAR (CALLE Y N°)** | | | | **COLONIA** | | **C.P.** | | | **TELÉFONO** |
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| **DOMICILIO FISCAL (CALLE Y N°)** | | | | **COLONIA** | | **C.P.** | | | **TELÉFONO** |
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| **DIRECCIÓN ELECTRÓNICA** | | | | | | **LUGAR Y FECHA DE NACIMIENTO** | | | |
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| **INSTITUCIÓN EDUCATIVA DE EGRESO** | | | **CÉDULA PROFESIONAL** | | | | **R. F. C.** | | |
|  | | | | | | | | | |
| **FOTO RECIENTE**  **Y NITIDA** |  | **IMPORTANTE**  **FIRMAR EXCLUSIVAMENTE**  **DENTRO DE LOS**  **LIMITES DEL**  **CUADRO** | | |  | | | | |
| **FOTO** |  |  | | | **FIRMA DEL SOLICITANTE** | | | | |

**SOLICITUD**



**Registro Estatal**

**de Prestadores de Servicios de Impacto Urbano y Territorial**

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| **Secretaría de Infraestructura, Desarrollo Urbano y Movilidad**  **Coordinación General de Gestión Urbana y Zonas Metropolitanas**  **Centro de Gobierno, Planta Baja, Bulevar Centenario de Torreón y Bulevar Fundadores**  **C. P. 25294 Saltillo, Coahuila. Teléfono (844) 698 10 00 Ext. 7277** | | | | | | | |  |