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| 1. **ANTECEDENTES TRANSPORTISTAS AUTORIZADOS** | | | |
| **Nombre Empresa** | **RUT Empresa** | **Representante Legal** | **RUT Representante Legal** |
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| Nombre y Firma Responsable de Autorización (Corporación Alianza Francesa Santiago) | Fecha |
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| * 1. **ANTECEDENTES CONDUCTORES AUTORIZADOS** | | | |
| **Nombre Empresa** | **Nombre Conductor** | **RUT Conductor** | **Patente vehículo** |
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| * 1. **ANTECEDENTES ACOMPAÑANTES AUTORIZADOS** | | | |
| **Nombre Empresa** | **Nombre Acompañante** | **RUT Acompañante** | **Patente vehículo** |
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