Mes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Año: \_\_\_\_\_\_\_\_\_

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| **N°** | **Objetivo del Operativo** | **Lugar** | **Agente designado**  **Placa N°** | **Fecha**  **DD/MM/AAAA** | **Orden de trabajo** | **Verificación de cumplimiento** | | **Vehículos inspeccionados** | **N° de Comparendos** | **N° de inmovilizaciones** |
| **SI** | **NO** |
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Firma,

Subsecretario de Control