

# PLANTILLA PROVISIONAL

## 2º EXAMEN ITC 342

### PREVENCIÓN Y MEDIO AMBIENTE

**N.º DEL D.N.I.**  
(8 dígitos empezando con ceros si es preciso)  
(en su defecto, Pasaporte, NIE, 8 primeros dígitos numéricos comenzando con ceros de ser menos)

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

**EJEMPLO D.N.I.**

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 0 | 2 | 8 | 5 | 0 | 9 | 1 | 4 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |



**INSTRUCCIONES**



- Utilice solamente bolígrafo o rotulador negro o azul.
- NO DOBLE, NO MANCHE, NO ARRUGUE ESTE IMPRESO.

## RESPUESTAS

|                                                                                                                                                   |                                                                                                                                                   |                                                                                                                                                   |                                                                                                                                                   |                                                                                                                                                    |                                                                                                                                                    |
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