

<u>PLANTILLA RESPOSTAS</u> <u>PROBA TIPO TEST</u> MOZOS/AS, INCLUÍDAS NO REXISTRO NACIONAL DE GARANTÍA XUVENIL

NOME		SINATURA	
DNI			

1	B	11	C
2	C	12	B
3	B	13	B
4	B	14	B
5	B	15	C
6	B	16	C
7	A	17	C
8	C	18	B
9	B	19	A
10	C	20	B

PREGUNTAS RESERVA

1	D	2	B	3	B	4	B	5	B
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