

الجمهورية الجزائرية الديمقراطية الشعبية

ولايـــــة: -----------------------------------

الدائرة الإدارية / دائرة: --------------------------

بلدية: ------------------------------------

تصريح شرفي

**صورة شمسية ملونة و مأخوذة حديثا**

 لتجديد رخصــــــــــة سياقـــــــــة

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| اللقـب  |

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 | **Nom** |
| الإسم |

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 | **Prénom** |
| تاريخ ومكان الميــلاد |

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 | **Date et lieu de naissance** |
| العنوان |

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 | **Adresse** |
| رقـــــــــــــم الهـاتــــــــــف |

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 | **N° Téléphone** |
| البريد الإلكتروني  |

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 | **Adresse électronique** |
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الصنف أو الأصناف المتحصل عليها

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A

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B (E)

C1

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C (E)

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(E)

**إمضـــاء المترشح**

الصنف المراد الحصول عليه

A1

A

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**تصريـح المترشح**

أنا الممضي، أشهد بأني غير مصاب بأي مرض عقلي، ولا بفقدان الوعي ولو لمدة قصيرة.

**كل تصريح كاذب يعرض صاحبه إلى العقوبات المنصوص عليها في التشريع الساري المفعول.**