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| RAZÃO SOCIAL: |  |
| ENDEREÇO: |  |
| CNPJ: |  | TELEFONE: |  |

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| **AUTORIZAÇÃO Nº** |  | **ORDEM DE SERVIÇO Nº** |

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| **DADOS DO CLIENTE** |

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| Empresa:**SUGESTÃO DE FORMATO** |  |

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| Contato: |  | e-mail: |  |

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| **DESCRIÇÃO DO INSTRUMENTO** |

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| **INSTRUMENTO:** |  |

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| Marca: |  | Modelo: |  | Nº série: |  | Capacidade: |  |

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| PAM: |  | Divisão: |  | Ano: |  |

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| Reparado afixada: |  | Lacre retirado: |  |

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| Lacres afixados: |  |  |  |  |  |

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| **DESCRIÇÃO DO SERVIÇO:** |
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| **OBSERVAÇÕES:** |
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| RESPONSÁVEL PELO INSTRUMENTO |  | Assinatura |