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| Fecha de recepción: | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| DATOS DEL CLIENTE | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nombre del Organismo : | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Nombre del Representante legal: | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Dirección: | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| SOLICITUD DE APELACIÓN A: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| * Rechazo o aceptar una solicitud | | | | | | | | | * Rechazar o proceder con una evaluación | | | | | | | | | | | | * Solicitudes de acciones correctivas | | | | | |
| * Cambios en el alcance de la acreditación | | | | | | | | | * Negar la acreditación | | | | | | | | | | | | * Retirar la acreditación | | | | | |
| * Suspender la acreditación | | | | | | | | | * **Reducir la acreditación** | | | | | | | | | | | |  | | | | | |
| Descripción de la apelación: | | | | | | | | | | | |  | | | | | | |  | | | | |  | | |
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| Firma del Representante legal: | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| Anexar a esta solicitud **Los documentos o evidencias que el OEC considere necesarios para sustentar el objeto de su apelación.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **USO EXCLUSIVO DEL OSA.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Evidencias **o documentos** **completas** para el proceso de apelación presentadas por el OEC | | | | | | | | | | | | | | | | | | | | | | * Si | | * No | |
|  | Comentarios \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fecha de notificación para completar información: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Fecha de entrega evidencias **pendientes:** | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Fecha en que se conforma la comisión de apelación: | | | | | | | | | | | | | | | | |  | | | | | | | | | |