

Name, Vorname **Musterfrau, Karla**

Geburtsname **Müller**

Geburtsdatum **01.01.1984**

Geburtsort **Augsburg**

Geschlecht **weiblich**

LPA **BAY** Prüfungsort **München**

Saal **010**

Bitte prüfen Sie die Angaben zu Ihrer Person. Melden Sie Fehler bitte dem Aufsichtspersonal!

Sitzplatznummer

Auflage



Kennzeichnen Sie Ihre Antwort exakt und eindeutig mit einem Kreuz!

A B C D E
○ ○ ○ ○ ○

0024

B

Falsche Markierung bitte sauber und vollständig ausradieren.

| | A | B | C | D | E |
|----------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 21 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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Haben Sie für jede Aufgabe genau eine Antwort markiert?
Der Antwortbeleg muss nicht unterschrieben werden.



jvLKH

