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### SD-088 – SCHEDULE OF TRADE TESTS

DECENTRALISED TRADE TEST CENTRE

CONTACT PERSON

**Tel Number**

CONTACT DETAILS

**Email Address**

**Physical Address**

MONTH OF REPORTING

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SURNAME	NAME	ID NUMBER	TRADE	TRADE TESTER	TRADE TEST DATE	ATTEMPT		
						FIRST	SECOND	THIRD
<b>Section 13 Candidates</b>								
<b>Section 28 Candidates</b>								