

MINISTRY OF HEALTH
REGULATION AND HEALTH PROMOTION BRANCH
SANITARY QUALITY OF GOODS AND SERVICES DIRECTORATE

BEFORE COMPLETING THIS FORM, READ INSTRUCTIONS ON REVERSE CAREFULLY.

SSA-04-002-A APPLICATION FOR HEALTH PERMIT PRIOR TO IMPORT

Folio
(official use only)

PRINT LEGIBLY OR TYPE ANSWERS.

1. INFORMATION ON IMPORTER

| | |
|---|-------------------------------|
| Name of importer | RFC [FEDERAL TAXPAYER NUMBER] |
| ADDRESS (Street and No., City, State/Territory, Postal Code, Country) | Telephone and Fax |

2. INFORMATION ON PRODUCT TO BE IMPORTED

| | |
|--|---------------------------|
| Brand name, generic and specific name of product | Customs office of arrival |
| Amount | Unit of measurement |

Mark with an "X" the number as indicated in the instructions.

| Type 1 2 3 4 | Use 1 2 3 4 5 6 7 8 9 | End use 1 2 3 4 5 6 7 8 |
|---|--------------------------|----------------------------|
| | SPECIFY: | |
| BATCH CODE | DATE PRODUCED | EXPIRY DATE |
| TARIFF ITEM | FIRST TIME YES No | Value in foreign currency |
| NAME OF MANUFACTURER | ADDRESS OF MANUFACTURER | |
| FINAL DESTINATION OF PRODUCT (Street and No., City, State/Territory, Postal Code) | | |

3. ATTACHMENTS (Indicate attached documents with an "X")

| | |
|--|--|
| <input type="checkbox"/> 1. Health Report <input type="checkbox"/> 1.1 Certificate of Origin <input type="checkbox"/> 1.2 Certificate of Unrestricted Sale <input type="checkbox"/> 1.3 Physical/Chemical Analysis <input type="checkbox"/> 1.4 Microbiological Analysis <input type="checkbox"/> 1.5 Specific Analysis, as required <input type="checkbox"/> 1.5.1 Heavy Metals <input type="checkbox"/> 1.5.2 Peroxide Index <input type="checkbox"/> 1.5.3 <i>Vibrio cholerae</i> <input type="checkbox"/> 1.5.4 Radioactive Contamination | <input type="checkbox"/> 2. Label of Origin <input type="checkbox"/> 3. Label in Spanish <input type="checkbox"/> 4. Invoice or Pro Forma <input type="checkbox"/> 5. Proof of Payment of Fees/Duties (in triplicate) |
|--|--|

Documents that have been altered, erased or modified will not be officially valid.

| | |
|---|--|
| Date and place of application | General Considerations: This form may be freely reproduced on letter-size white bond paper. If more than one product is declared, the importer must use the "Attachment to Application for Health Permit Prior to Import" form. Latest authorization of form by Regulation and Health Promotion Branch: 08-IV-1999 Latest authorization of form by Economic Deregulation Unit: 08-IV-1999 |
| Signature of importer or legal representative | |

**RECORD OF PROCESSING
APPLICATION FOR HEALTH PERMIT PRIOR TO IMPORT**

| | |
|--|---|
| Name of importer | Date and place of application |
| PAGE AND STAMP OF RESPONSE TO PREVENT MISSING INFORMATION (OFFICIAL USE ONLY) | PAGE AND RECEIPT STAMP (OFFICIAL USE ONLY) |

Notification of processing will be given only to authorized persons, who must first identify themselves and present this record of processing.

INSTRUCTIONS FOR COMPLETION

SSA-04-002-A APPLICATION FOR HEALTH PERMIT PRIOR TO IMPORT

1. INFORMATION ON IMPORTER

Name of Importer, RFC, Address, Telephone and Fax:

The name, alphanumeric code assigned by the Ministry of Finance and Public Credit, address, telephone and fax number (optional) of the company or individual importing the product must be indicated.

2. INFORMATION ON PRODUCT

Brand Name, Generic and Specific Name:

Enter the brand name or common name of the product and the type or variety, e.g. "Misión", cheese, curds; "Parmalat", skimmed milk.

Customs Office of Arrival:

Enter the name of the customs office where the goods will arrive, e.g. Matamoros , Tam[auli]p[a]s.; Manzanillo, Col[ima].; Mexico City International Airport.

Amount:

Enter numerically the total amount of goods to be imported.

Unit of Measurement:

Describe the presentation of the goods to be imported, e.g. box of 12 2-litre bottles, 1-litre bottle, 1-kg bag, 10-piece bag, etc.

Type:

Mark with an "X" the number corresponding to the type of good to be imported, according to the following list:

1 – Raw Material, 2 – Additive, 3 – Finished Product, 4 – Bulk Product

Use:

Mark with an "X" the number corresponding to the use of the goods to be imported, according to the following list:

1 – Product Manufacture, 2 – Direct Use, 3 – Resale, 4 – Conditioning, 5 – Donation, 6 – Analysis, 7 – Research, 8 – Sample with No Commercial Value, 9 – Other (explain briefly)

Final Use:

Mark with an "X" the number corresponding to the final use of the goods to be imported, according to the following list:

1 – Food, 2 – Non-alcoholic Beverage, 3 – Alcoholic Beverage, 4 – Tobacco, 5 – Hygiene, 6 – Cleaning, 7 – Perfume and Beauty, 8 – Additives

Batch Code:

Indicate series identifying batch(es) of the goods to be imported.

Date Produced:

Indicate the date of manufacture of the goods to be imported.

Expiry Date:

Indicate the date by which the manufacturer says the goods should be sold/used.

Tariff Item:

Indicate the tariff classification to which the goods to be imported belong (this information can be obtained from the customs agent).

First Time:

Put an "X" for YES if it is the first time that this type of good is imported and for NO if such goods have already been imported.

Value in Foreign Currency:

Indicate the total value of the import in the currency of the country of origin.

Name of Product Manufacturer:

Indicate the full name of the product manufacturer in the country of origin.

Address of Manufacturer:

Indicate the full address of the product manufacturer in the country of origin.

Final Destination of Product:

Indicate the name, full address, place and date of arrival, where the product will be stored, and the geographical region where it will be sold.

3. DATE AND PLACE OF APPLICATION

Enter the date and place where the application is made.

4. SIGNATURE OF IMPORTER OR LEGAL REPRESENTATIVE

Enter the signature of the importer or legal representative.

The applicant's signature must be handwritten on each application.

5. RECORD OF PROCESSING

To receive notification of processing, the authorized person must identify himself/ herself and present the record of processing.

For any clarification, question and/or comment about this process, please call the public call centre (SACTEL) at 5-4-80-2000 in the Federal District and metropolitan area; from inside Mexico, call 01800-0014800

toll-free; from the United States and Canada, call 1888-594-3372 or 5-5-53-70-90, Regulation and Health Promotion Branch, Mexico City, Federal District.

MINISTRY OF HEALTH
REGULATION AND HEALTH PROMOTION BRANCH
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**SSA-04-002-A ATTACHMENT TO APPLICATION FOR HEALTH PERMIT
PRIOR TO IMPORT**

Page _____
Of _____

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