

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

BEFORE COMPLETING THIS FORM, READ INSTRUCTIONS ON REVERSE CAREFULLY.

<b>SSA-04-003 IMPORT HEALTH NOTICE</b>
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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	
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 or <input type="checkbox"/> 2. Sales Clearance Certificate or <input type="checkbox"/> 3. Copy of Laboratory Analysis  Documents that have been altered, erased or modified will not be officially valid.	
<b>I declare under oath that I have complied with the applicable requirements and regulations; nevertheless, the health authority may verify compliance, without prejudice to the penalties that I may incur for making false statements to an authority.</b>	
Date and place of notice	
	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 form "Attachment to Import Health Notice".
Signature of importer or legal representative	
	Latest authorization of form by Regulation and Health Promotion Branch: 08-IV-1999 Latest authorization of form by Economic Deregulation Unit: 08-

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## INSTRUCTIONS FOR COMPLETION

### SSA-04-003 IMPORT HEALTH NOTICE

#### 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 number (optional) 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[aui]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.

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, date and place 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 notice is submitted.

#### 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 notice.

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**  
**SANITARY QUALITY OF GOODS AND SERVICES DIRECTORATE**

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<b>SSA-04-003 ATTACHMENT TO IMPORT HEALTH NOTICE</b>	<b>PAGE OF</b>
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**2. INFORMATION ON PRODUCT TO BE IMPORTED**

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	SPECIFY:	
BATCH CODE	DATE PRODUCED	EXPIRY DATE
TARIFF ITEM		FIRST TIME YES      NO
NAME OF MANUFACTURER	ADDRESS OF MANUFACTURER	
FINAL DESTINATION OF PRODUCT (Street and No., City, State/Territory, Postal Code)		

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***I declare under oath that I have complied with the applicable requirements and regulations; nevertheless, the health authority may verify compliance, without prejudice to the penalties that I may incur for making false statements to an authority.***

Date and place of notice	General Considerations
	This form may be freely reproduced on letter-size white bond paper. The importer must use Form SSA-0-003, Import Health Notice, whenever this form [i.e. attachment] is submitted.
Signature of importer or legal representative	
	Latest authorization of form by Regulation and Health Promotion Branch: 08-IV-1999 Latest authorization of form by Economic Deregulation Unit: 08-IV-1999

**2. INFORMATION ON PRODUCT TO BE IMPORTED**

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