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| **PUERTO SALIDA:** |  | **FECHA PRESENTACIÓN:** |  | **No:** |  |



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| **NOMBRE EXPORTADOR** |  | | **CC o NIT:** | |  |
| **DIRECCIÓN:** |  | | | | |
| **CIUDAD:** |  | **TELÉFONO:** | |  | |
| **CORREO ELECTRÓNICO:** |  | | | | |
| **NOMBRE IMPORTADOR:** |  | | | | |
| **DIRECCIÓN:** |  | | | | |
| **PAÍS DESTINO:** |  | | | | |

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| **PRODUCTOS** | | | | | |
| **PRODUCTO** | **CANTIDAD** | **UNIDAD DE MEDIDA** | **EMPAQUE** | **PRESENTACIÓN** | **VALOR FOB US** |
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| **TRANSPORTE Y UBICACIÓN DE LA MERCANCIA** | | **CERTIFICACIONES ZOOSANITARIAS** | |
| **MEDIO** |  | **CERTIFICADO ZOOSANITARIO DE EXPORTACIÓN** |  |
| **EMPRESA TRANSPORTADORA** |  |
| **FECHA SALIDA:** |  | **PAÍS DESTINO:** |  |

**Nombre del Solicitante Firma del Solicitante**

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| **PARA USO OFICIAL EXCLUSIVAMENTE** | | | |
| **FUNCIONARIO(S)** | **NOMBRES Y APELLIDOS** | **FECHA (HH/dd/MM/aaaa)** | **FIRMA** |
| **REVISIÓN DOCUMENTAL** |  |  |  |
| **OBSERVACIONES A LA RADICACIÓN** |  | | |
| **AUTORIZA INSPECCIÓN** |  |  |  |
| **INSPECTOR AUTORIZADO** |  |  |  |

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| **TOMA DE MUESTRAS** | | | | | | | | | | | | | | |
| **TOMA MUESTRAS** | | | **SI** |  | **NO** | |  | **CANTIDAD MUESTRAS** | |  | | | | |
| **NOMBRE LABORATORIO** | | |  | | | | | | | | | | | |
| **INSPECCIÓN** | | | | | | | | | | | | | | |
| **HORA INICIO** |  | **HORA FINALIZACIÓN** | | | |  | | **INSPECCIÓN CONJUNTA** | **NO** |  | **SI** |  | **¿QUIÉN?** |  |

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| **PUERTO SALIDA:** |  | **FECHA PRESENTACIÓN:** |  | **No:** |  |



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| **OBSERVACIONES A LA INSPECCIÓN** | | | | | | |
| **RESULTADO INSPECCIÓN** | **APROBADO :** | **SI** |  | **NO** |  |  |

Representante Exportador Inspector ICA