#### Federal Commission for the Protection against Sanitary Risks

#### **Authorizations, Certificates and Visits**

Homoclave of the format							
FF-COFEPRIS-01			Exclusive use of COFEPRIS				
RUPA number			Admission number				
Before filling out this form, carefully read the Fill out with legible print or typewriter or control The format will not be valid if it contains an	mputer.		ned documents.				
1. Homoclave, name and modality of the procedure							
Homoclave:	Name:						
Mode:							
	2. Ov	wner's data					
Natural per	rson		Legal entity				
RFC:		F	RFC:				
CURP (optional):		N	lame or corporate name:				
Name(s):							
First surname:			Legal representative or attorney requesting the procedure				
Second surname:		F	RFC:				
Pepper:			CURP (optional):				
Telephone:			lame(s):				
Extension:		F	irst surname:				
Email:		s	econd surname:				
		Р	epper:				
		Т	elephone:				
		E	extension:				
		E	mail:				
	Tax d	omicile of the	owner				
Postal code:			ocality:				
Type and name of road:			unicipality or mayor's office:				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ederative Entity:				
(For example: Avenue, boulevard, street, highway	ay, road, private, dirt road, among ot	hers.) B	etween roads (type and name):				
Exterior number:	ner number:	А	nd road (type and name):				
Type and name of the colony or human settle	ement:	s	ubsequent roads (type and name):				
		P	epper:				
		T	elephone:				
(Type of human settlement for example: Condor among others.)	minium, hacienda, ranch, subdivision	n E	Extension:				

"In accordance with articles 4 and 69-M, section V of the Federal Law of Administrative Procedure, the forms to request procedures and services must be published in the Official Gazette of the Federation (DOF)"







Contact:

Oklahoma Street No. 14, Nápoles neighborhood; Benito Juárez Delegation, Mexico City, CP 03810.

### Federal Commission for the Protection against Sanitary Risks

REC   Name or corporate name:	3. Establishment data									
Clave SCIAN	RFC:		Name or corporate name:							
Mealth Iclense number or indicate whether you submitted a notice of operation: Note: If there is insufficient space for the SCIAN codes, add the necessary lines.    Health Office	Please indicate the code and description of the business that corresponds to the establishment according to the North American Industrial Classification System:									
Realth Office	Clave SCIAN	Clave SCIAN SCIAN Description								
Realth Office										
Realth Office										
Realth Office										
RFC:	Health license number or indica	ate whethe	er you submitted a notice of operation: Note: If							
RFC:	there is insufficient space for the	ne SCIAN	codes, add the necessary lines.							
CURP (optional):  Name(s):  First surname:  Address of the establishment  Postal code: Type and name of road:  (for example: Avenue, boulevard, street, highway, road, private, dirt road, among others.)  Exterior number:  (fye example: Avenue, boulevard, street, highway, road, private, dirt road, among others.)  Exterior number:  (Type and name of the colony or human settlement:  Exterior number:  (Type of human settlement for example: Condominium, haclenda, ranch, subdivision among others.)  Extension:  Extension:  CURP (optional):  Name(s):  First surname:  Second surname:  Pepper:  First surname:  Second surname:  Extension:  Extens	He	alth Offic	er		Only for	health lic	ense registration			
Name(s):  First surname:  Second surname:  Address of the establishment    Cocality:   Coc	RFC:			Hours of operation:						
Second surname:  Second surname:  Second surname:  Start date of operations:  Start date of cater and start and sta	CURP (optional):			DLMMJVS from			HH:MM	a	HH: MM	
Second surname:  Address of the establishment    Postal code:	Name(s):			DLMMJVS from			HH : MM	a	HH:MM	
Postal code: Type and name of road:  Exterior number:  Inner number:  Type and name of the colony or human settlement for example: Commong others, and name of the colony or human settlement for example: Commong others, and name of the colony or human settlement for example: Commong others, and name of the colony or human settlement for example: Commong others, and name of the colony or human settlement for example: Commong others, and name of the colony or human settlement for example: Commong others, and name of the colony or human settlement for example: Commong others, and name of the colony or human settlement for example: Commong others, and name of the colony or human settlement for example: Commong others, and name of the colony or human settlement for example: Commong others, and name of the colony or human settlement for example: Commong others, and name of the colony or human settlement for example: Commong others, and name of the colony or human settlement for example: Commong others, and name of the colony or human settlement for example: Compong of the colony or human settlement for example: Compong of the colony or human settlement for example: Compong of the colony or human settlement:  COURP (optional):  Name(s):  COURP (optional):  Name(s):  Name(s):  First surname:  Second surname:  Second surname:  Pepper:  Felephone:  Second surname:  Pepper:  Felephone:  First surname:  Second surname:  Pepper:  First surname:  Second surname:  First surname:  Second surname:  Felephone:  Felephone:  Extension:  Extension:  Extension:  Extension:  First surname:  Second surname:  Felephone:  Felephone:  Extension:  Legal representative (s)  And road (type and name):  Between roads (type and name):  Second (type and name):  S	First surname:			Start date of operat	ons:		DD /	мм	AAAA	
Postal code: Type and name of road:  (for example: Avenue, boulevard, street, highway, road, private, dirt road, among others.)  Exterior number: Inner number:  Type and name of the colony or human settlement:  (Type of human settlement for example: Condominium, hacienda, ranch, subdivision among others.)  Extension:  CURP (optional):  Name(s):  First surname:  Second surname:  Pepper:  Telephone:  Extension:  First surname:  Second surname:  Pepper:  Telephone:  Extension:  Email:	Second surname:									
Postal code: Type and name of road:  (for example: Avenue, boulevard, street, highway, road, private, dirt road, among others.)  Exterior number: Inner number:  Type and name of the colony or human settlement:  (Type of human settlement for example: Condominium, hacienda, ranch, subdivision among others.)  Extension:  CURP (optional):  Name(s):  First surname:  Second surname:  Pepper:  Telephone:  First surname:  Second surname:  Pepper:  Telephone:  Extension:  First surname:  Second surname:  Pepper:  Telephone:  Extension:  First surname:  Second surname:  Pepper:  Telephone:  Extension:  Email:			Address of the	e establishment						
Type and name of road:  (For example: Avenue, boulevard, street, highway, road, private, dirt road, among others.)  Exterior number:  Inner number:  Inner number:  Type and name of the colony or human settlement:  (Type of human settlement for example: Conditional orders.)  Inner number:  I										
Federative Entity:   Between roads (type and name):   And road (type and name):   And road (type and name):   And road (type and name):   Subsequent roads (type and name):   Pepper:   Telephone:   Extension:   Telephone:   Extension:   Subsequent roads (type and name):   Pepper:   Telephone:   Extension:   Extensi	Postal code:			Locality:						
Between roads (type and name):   Subsequent roads (type and name):   And road (type and name):   Subsequent roads (type and name):   Sub	Type and name of road:				office:					
Exterior number: Inner number:  Type and name of the colony or human settlement:  (Type of human settlement for example: Condominium, hacienda, ranch, subdivision among others.)  Legal representative(s) and authorized person(s)  Legal representative  CURP (optional):  Name(s):  First surname:  Second surname:  Second surname:  Pepper:  Telephone:  Extension:  First surname:  Second surname:  Pepper:  Telephone:  Extension:  Extension:  Extension:  Extension:  Extension:  Extension:  Extension:  Email:	(For example: Avenue houlevard	street his	hway road private dirt road among others )							
Type and name of the colony or human settlement:    Pepper:   Telephone:   Extension:    CURP (optional):   Name(s):   First surname:   Second surname:   Second surname:   Pepper:   Telephone:   Extension:   Second surname:   Pepper:   Telephone:   Extension:   Second surname:   Pepper:   Telephone:   Extension:   Second surname:   Se		ou cou, m				ne):				
Pepper:   Telephone:   Extension:    Legal representative   Extension:    Legal representative   Extension:    CURP (optional):   Name(s):   First surname:   Second surname:   Pepper:   Telephone:   Extension:   Extension:   Extension:   Extension:   Extension:   Description   Extension:	Type and name of the colony or	human s	ettlement:			d name):				
Extension:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				()					
Legal representative (s) and authorized person(s)  Legal representative  CURP (optional):  Name(s):  First surname:  Second surname:  Pepper:  Telephone:  Extension:  Email:  Extension:  Extension:  Extension:  Legal representative(s) and authorized person(s)  Authorized person  CURP (optional):  Name(s):  First surname:  Second surname:  Second surname:  First surname:  Second surname:  Extension:  Extension:  Extension:  Extension:  Email:				Telephone:						
Legal representativeAuthorized personCURP (optional):CURP (optional):Name(s):Name(s):First surname:First surname:Second surname:Second surname:Pepper:Pepper:Telephone:Telephone:Extension:Extension:Email:Email:		ample: Coi	ndominium, hacienda, ranch, subdivision	Extension:						
CURP (optional):  Name(s):  First surname:  Second surname:  Pepper:  Telephone:  Extension:  Email:  CURP (optional):  Name(s):  First surname:  Second surname:  Pepper:  First surname:  Second surname:  Pepper:  Pepper:  Telephone:  Extension:  Email:			Legal representative(s) and a	authorized person(s)						
CURP (optional):  Name(s):  First surname: Second surname: Pepper: Telephone: Extension: Email:  CURP (optional):  Name(s): First surname: Second surname: Pepper: Telephone: Extension: Email:  CURP (optional):  Name(s):  First surname:  First surname:  First surname:  First surname:  First surname:  Extension:  Extension:  Email:  Email:	L	egal repre	esentative			Authoria	zed person			
First surname:  Second surname:  Pepper:  Telephone:  Extension:  Email:  First surname:  Second surname:  Pepper:  Pepper:  Telephone:  Extension:  Extension:  Email:				CURP (optional):						
Second surname:         Second surname:           Pepper:         Pepper:           Telephone:         Telephone:           Extension:         Extension:           Email:         Email:	Name(s):			Name(s):						
Pepper: Telephone: Extension: Email: Pepper: Pepper: Pepper: Pepper: Telephone: Extension: Extension: Extension: Email:	First surname:			First surname:						
Telephone:  Extension:  Email:  Telephone:  Extension:  Extension:  Email:	Second surname:			Second surname:						
Extension: Extension: Extension: Email:	Pepper:			Pepper:						
Email:	Telephone:			Telephone:						
	Extension:			Extension:						
Note: Reproduce the section on Legal Representative(s) and/or Authorized Person(s) as many times as necessary.										
	Note: Reproduce the section	on Lega	I Representative(s) and/or Authorized Person	on(s) as many times a	s necess	ary.				







Oklahoma Street No. 14, Nápoles neighborhood; Benito Juárez Delegation, Mexico City, CP 03810.

### Federal Commission for the Protection against Sanitary Risks

Legal representative	Authorized person		
CURP (optional):	CURP (optional):		
Name(s):	Name(s):		
First surname:	First surname:		
Second surname:	Second surname:		
Pepper:	Pepper:		
Telephone:	Telephone:		
Extension:	Extension:		
Email:	Email:		
	Authorized payers		
Legal representative  CURP (optional):	Authorized person  CURP (optional):		
Name(s):  First surname:	Name(s): First surname:		
Second surname:	Second surname:		
Pepper:	Pepper:		
Telephone:	Telephone:		
Extension:	Extension:		
Email:	Email:		
Note: Reproduce the section on Legal Representative(s) and Authorized Person			
4. Modification	and/or extension		
Select an option: Modification Extension	Document number:		
Dice / authorized condition	Must say / condition requested		
-			
5. Product	data		
Product	Product		
1) Name of the product or service classification:	1) Name of the product or service classification:		
	1) Name of the product or service classification:		
2) Specify:	Name of the product or service classification:     Specify:		
2) Specify: 3) Specific name of the product:	<u> </u>		
	2) Specify:		







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### Federal Commission for the Protection against Sanitary Risks

International Common Name (INN) or generic name or name scientific or OECD unique identifier:							International Common Name (INN) or generic name or name scientific or OECD unique identifier:									
6) Pharmaceutical form or physical form:						6) Pharmaceutical form or physical form:										
7) Product type:					7) Product type:											
8) Tariff fraction:							8) Tariff fraction:									
9) Number of lots:										9) Number of lots:						
10) Unit of measurement:							10) Unit of measurement:									
11) Total quantity or volume:							11) Total quantity or volume:									
12) Number of pieces to be manufactured:						12) Number of pieces to be manufactured:										
13) Kilograms or grams per batch:										13) Kilograms or grams per batch:						
14) Import or export health permit nur	nber or a	lphan	umer	ic c	ode:					14) Import or export health permit number or alphanumeric code:						
15) Health registration number:										15) Health registration number:						
16) Minutes number:										16) Minutes number:						
17) Presentation:										17) Presentation:						
	1 2 3		4	5 6	78910					2 34 567	8	9	10			
18) Specific use or process:	11 12 13 1	4 15 16	17 18	19 2	0					18) Specific use or process: 11 12 13 14 15 16 17 18 19			20			
	21 22 23 24 25 26									21 22 23 24 25 26						
19) Key of the lot(s):										19) Key of the lot(s):						
20) Indications for use:										20) Indications for use:						
21) Concentration:										21) Concentration:						
22) Therapeutic indications:										22) Therapeutic indications:						
23) Date of manufacture:	DD	/	/	MI	vi	/	AAAA	A		23) Date of manufacture:	,	AAAA				
24) Expiration date:	DD	/	/	MI	и		AAAA	A .		24) Expiration date: DD MM	,	AAAA				
25) Storage temperature:										25) Storage temperature:						
26) Transport temperature:										26) Transport temperature:						
27) Means of transport or entry custon	ms:									27) Means of transport or entry customs:						
28) Container identification:										28) Container identification:						
29) Primary packaging:										29) Primary packaging:						
30) Secondary packaging:										30) Secondary packaging:						
31) Type of packaging and number of	packagin	ıg uni	ts:							31) Type of packaging and number of packaging units:						
32) Item number:										32) Item number:						







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33) Key to the basic table or catalogue of the health sector (CBSS):	33) Key to the basic table or catalogue of the health sector (CBSS):
34) Presentation intended for:	34) Presentation intended for:
Export Generic Health Sector Sale	Export Generic Health Sector Sale
35) Product manufacturing:	35) Product manufacturing:
National Foreign	National Foreign
36) TIGIE application measurement unit (UMT):	36) TIGIE application measurement unit (UMT):
37) Quantity of unit of measure of application of the TIGIE:	37) Quantity of unit of measure of application of the TIGIE:
38) Type of genetically modified organism (GMO) only one product per application:	38) Type of genetically modified organism (GMO) only one product per application:
39) IMMEX program number (only for companies that are part of the program for the manufacturing, maquiladora and export services industry):	39) IMMEX program number (only for companies that are part of the program for the manufacturing, maquiladora and export services industry):
Note: Reproduce product data as many times as necessary in accordance with	the provisions of each type of procedure.
6. Information fo	r certificates
Use of the certificate (for export, registration, extension and others):	Destination country:
Specify features:	
7. Information for resear	ch protocol
Mark the type of protocol to be performed:	Modification or amendment
Title of the protocol:	
Route of administration (medicines or medical devices):	
Name of principal investigator:	
Name(s) of the institution(s) where the research will be conducted:	







### Federal Commission for the Protection against Sanitary Risks

8. Information for health	n registration of health supplies						
8.A. For manufactured product							
Natural person	Data of the health officer						
RFC: ()	Data of the health officer  RFC:						
CURP (optional):	CURP (optional):						
Name(s):	Name(s):						
First surname:	First surname:						
Second surname:	Second surname:						
(a) Only when the establishment is national.	Pepper:						
Legal entity	Telephone:						
RFC: 0	Extension:						
Name or corporate name:	Email:						
(a) Only when the establishment is national.							
Chara of the manufacturing process.							
Stage of the manufacturing process:  Health license number or operating notice:							
Treated florings of operating floring.							
Addre	ess for manufactured product						
Postal code:	Locality:						
Type and name of road:	Municipality or mayor's office:						
7	Federative Entity:						
(For example: Avenue, boulevard, street, highway, road, private, dirt road, amon	g others.) Between roads (type and name):						
Exterior number: Inner number:	And road (type and name):						
Type and name of the colony or human settlement:	Subsequent roads (type and name):						
(Type of human settlement for example: Condominium, hacienda, ranch, subdiv among others.)	ision						
8.B. Manufacturer data abroad for	imported or domestic products						
Metuvel marcan	Lored outiles						
Natural person  RFC: ()	Legal entity  RFC: ()						
CURP (optional):	Name or corporate name:						
	Tallo of corporate name.						
Name(s):							
First surname:							
Second surname: (a) Only when the establishment is national.							
(-) Indiana							







Contact:

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### Federal Commission for the Protection against Sanitary Risks

Manufacturer's domicile abroad for i	mported or domestic products
Postal code:	Locality:
Type and name of road:	Municipality or mayor's office:  Federative Entity:
(For example: Avenue, boulevard, street, highway, road, private, dirt road, among	· .     · · · · · · · · · · · · · · · ·
Exterior number: Inner number:	
	And road (type and name):
Type and name of the colony or human settlement:	Subsequent roads (type and name):
(Type of human settlement for example: Condominium, hacienda, ranch, subdivisi	ion
among others.)  Note: If there is more than one manufacturer, you may reproduce this so	ection as many times as necessary.
	·
8.C. Supplier or distributor	data (for health supplies)
Natural person	Legal entity
RFC: ()	RFC: 0
CURP (optional):	Name or corporate name:
Name(s):	
First surname:	
Second surname: (a)	
Only when the establishment is national.	
Address of the supplier of	r distributor (for health supplies)
Postal code:	Locality:
Type and name of road:	Municipality or mayor's office:
	Federative Entity:
(For example: Avenue, boulevard, street, highway, road, private, dirt road, among	others.) Between roads (type and name):
Exterior number: Inner number:	And road (type and name):
Type and name of the colony or human settlement:	Subsequent roads (type and name):
(Type of human settlement for example: Condominium, hacienda, ranch, subdivisi among others.)	ion
Note: If there is more than one manufacturer or distributor, you may rep	produce this section as many times as necessary.
OD Bate of the conclusion of t	andition are stars the health countries
8.D. Data of the establishment that will c	ondition or store the health supplies
Natural person	Legal entity
RFC: ()	RFC: 0
CURP (optional):	Name or corporate name:
Name(s):	
First surname:	
Second surname: (a)	
Only when the establishment is national.	







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### Federal Commission for the Protection against Sanitary Risks

Address of the establishment that will con	lition or store health supplies				
Postal code:	Locality:				
Type and name of road:	Municipality or mayor's office:				
	Federative Entity:				
(For example: Avenue, boulevard, street, highway, road, private, dirt road, among oth	Between roads (type and name):				
Exterior number: Inner number:	And road (type and name):				
Type and name of the colony or human settlement:	Subsequent roads (type and name):				
,					
(Type of human settlement for example: Condominium, hacienda, ranch, subdivision among others.)					
(a) Only when the establishment is national.					
9. Information for import, export	and other authorizations				
Import regime (only for importers)  Tempo	al Definitive Bonded warehouse				
Country of origin:	Country of origin:				
Country of destination:	Customs of entry or exit: (Specify only one)				
	(openity only only				
0.4	Manufacturer's data				
J.A.	Manufacturer 5 uata				
Natural person	Legal entity				
Natural person	Legal entity  RFC: ()				
·					
RFC: ()	RFC: ()				
RFC: () CURP (optional):	RFC: ()				
RFC: () CURP (optional): Name(s):	RFC: ()				
RFC: ()  CURP (optional):  Name(s):  First surname:	RFC: ()				
RFC: ()  CURP (optional):  Name(s):  First surname:  Second surname: (a)  Only when the establishment is national.	RFC: ()  Name or corporate name:				
RFC: ()  CURP (optional):  Name(s):  First surname:  Second surname: (a)  Only when the establishment is national.	RFC: ()				
RFC: ()  CURP (optional):  Name(s):  First surname:  Second surname: (a)  Only when the establishment is national.	RFC: ()  Name or corporate name:				
RFC: ()  CURP (optional):  Name(s):  First surname:  Second surname: (a)  Only when the establishment is national.	RFC: ()  Name or corporate name:				
RFC: ()  CURP (optional):  Name(s):  First surname:  Second surname: (a)  Only when the establishment is national.  Ma  Postal code:	RFC: ()  Name or corporate name:  nufacturer's address  Locality:				
RFC: ()  CURP (optional):  Name(s):  First surname:  Second surname: (a)  Only when the establishment is national.  Ma  Postal code:	RFC: ()  Name or corporate name:  nufacturer's address  Locality:  Municipality or mayor's office: Federative Entity:				
RFC: ()  CURP (optional):  Name(s):  First surname:  Second surname: (a)  Only when the establishment is national.  Ma  Postal code:  Type and name of road:	RFC: ()  Name or corporate name:  nufacturer's address  Locality:  Municipality or mayor's office: Federative Entity:				
RFC: ()  CURP (optional):  Name(s):  First surname:  Second surname: (a)  Only when the establishment is national.  Ma  Postal code:  Type and name of road:  (For example: Avenue, boulevard, street, highway, road, private, dirt road, among other streets are also as a second surname.	RFC: ()  Name or corporate name:  nufacturer's address  Locality:  Municipality or mayor's office: Federative Entity: Between roads (type and name):				
RFC: ()  CURP (optional):  Name(s):  First surname:  Second surname: (a)  Only when the establishment is national.  Ma  Postal code:  Type and name of road:  (For example: Avenue, boulevard, street, highway, road, private, dirt road, among oth Exterior number:  Inner number:  Type and name of the colony or human settlement:	RFC: ()  Name or corporate name:  nufacturer's address  Locality:  Municipality or mayor's office: Federative Entity: Between roads (type and name): And road (type and name):				
RFC: ()  CURP (optional):  Name(s):  First surname:  Second surname: (a)  Only when the establishment is national.  Ma  Postal code:  Type and name of road:  (For example: Avenue, boulevard, street, highway, road, private, dirt road, among othe Exterior number:  Inner number:	RFC: ()  Name or corporate name:  nufacturer's address  Locality:  Municipality or mayor's office: Federative Entity: Between roads (type and name): And road (type and name):				







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### Federal Commission for the Protection against Sanitary Risks

9.B. Supplier or dis	stributor data				
Natural person	Legal entity				
RFC: ()	RFC: ()				
CURP (optional):	Name or corporate name:				
Name(s):					
First surname:					
Second surname: (a)					
Only when the establishment is national.					
Address of the su	pplier or distributor				
	Lasalton				
Postal code:	Locality:				
Type and name of road:	Municipality or mayor's office:  Federative Entity:				
(For example: Avenue, boulevard, street, highway, road, private, dirt road, among others.)	·				
Exterior number: Inner number:	Between roads (type and name):  And road (type and name):				
Type and name of the colony or human settlement:	Subsequent roads (type and name):				
Type and frame of the colony of numan settlement.	oubsequent roads (type and name).				
(Type of human settlement, for example: Condominium, hacienda, ranch, subdivision,					
among others.) (a) Only when the establishment is national.					
9.C. Recipient details	s (final destination)				
Natural person	Legal entity				
RFC:	RFC:				
CURP (optional):	Name or corporate name:				
Name(s):					
First surname:					
Second surname:					
Recipient's address	s (final destination)				
Postal code:	Locality:				
Type and name of road:	Municipality or mayor's office:				
	Federative Entity:				
(For example: Avenue, boulevard, street, highway, road, private, dirt road, among others.)	Between roads (type and name):				
Exterior number: Inner number:	And road (type and name):				
Type and name of the colony or human settlement:	Subsequent roads (type and name):				
Turns of human cattlement for example, Condominium, hasiands, ranch, subdivision					



others.) (a) Only when the establishment is national.





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Federal Commission for the Protection against Sanitary Risks								
9.D Biller data								
Natural person	Legal entity							
RFC:	RFC:							
CURP (optional):	Name or corporate name: ()							
Name(s): ()								
First surname:								
Second surname: (b)								
Only for health supplies.								
Biller's add	ress							
Postal code:	Locality:							
Type and name of road:	Municipality or mayor's office:							
Type and name of real	Federative Entity:							
(For example: Avenue, boulevard, street, highway, road, private, dirt road, among others.)	Between roads (type and name):							
Exterior number: Inner number:	And road (type and name):							
Type and name of the colony or human settlement:	Subsequent roads (type and name):							
(Type of human settlement for example: Condominium, hacienda, ranch, subdivision among others.) (a) Only when the establishment is national.								
10. Information for third part	y authorization							
10.A. Testing Laboratory	10.B. Verification units							
Analysis of food, beverages, dietary supplements, perfumery and								
beauty products.	Verification of establishments							
Analysis of drugs and medical devices	Sampling							
Analysis of pesticides, fertilizers and plant nutrients	Other (please specify):							
Other (please specify):								
10.C. Interchangeability testing for interchangeable generic drugs								
Clinical unit for carrying out bioavailability and/or bioequivalence studies								
Analytical unit for carrying out bioavailability and/or bioequivalence studies								
Analytical unit for dissolution profile studies								







Contact:

Oklahoma Street No. 14, Nápoles neighborhood; Benito Juárez Delegation, Mexico City, CP 03810.

## gob mx

Federal Commission for the Protection against Sanitary Risks								
	11. Data of the pers	on who	o performs tattoos, n	nicropigmentation and/or piercings				
	ral person							
RFC:						1		
CURP (optional):								
Name(s):								
First surname:					РНОТО			
Second surname:								
Pepper:								
Telephone:								
Extension:								
Email:								
Hours of o	peration:							
DLMMJVS from		a						
DLMMJVS from	HH: MM	а	HH: MM					
In case of extension, indicate the health	·							
Но	me address of the per	son wh	o performs tattoos, i	micropigmentation and/or piercings				
Postal code:				Locality:				
Type and name of road:				Municipality or mayor's office:				
, in the same is a second of the second of t				Federative Entity:				
(For example: Avenue, boulevard, street, h	sighway road private	dirt road	d among others \	Country:				
Exterior number:	Inner number:	unt roat	a, among others.)	Between roads (type and nar	me):			
Type and name of the colony or human s	settlement:			And road (type and name):				
				Subsequent roads (type and	d name):			
(Type of human settlement for example: Coothers.)	ondominium, hacienda	, ranch,	subdivision among					
I declare under protest that I comply with t prejudice to the sanctions that I may incur Service Center or offices in the states corr	for false statements g	iven to	an authority. And I	accept that the notification of this pr	ocedure be carried out t	hrough the Comprehensive		
The data or attachments may contain co	nfidential information	do yoι	u agree to make then	n public?	Yeah	No		
	Fu		and autograph signates and autograph signates and autograph signature or health off	ature of the owner or legal icer				
For any clarification, doubt and/or comme	nt regarding this proc	edure, p	please call the COFE	PRIS Telephone Service Center in M	lexico City or anywhere	in the country, dial toll-free		

For any clarification, doubt and/or comment regarding this procedure, please call the COFEPRIS Telephone Service Center in Mexico City or anywhere in the country, dial toll-free 01-800-033-5050, and if you require the entry number and/or tracking of your procedure sent to the Foreign Processing area, dial toll-free 01-800-420-4224.







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