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Authorizations and Certificates

Homoclave of the format
FF-COFEPRIS-01
RUPA Number

Entry number

Before filling out this form, carefully read the instructions and the filling guide.
Fill out using legible block letters or type on a computer.
The form will not be valid if it contains erasures or alterations to the information.

1. Homoclave, name and type of procedure	
Homoclave:	Name:
Mode:	

If you are requesting **modifications to the health license of establishments that supply health products,** please select the establishment's business type:

☐	Factory or Laboratory of Raw Materials for the Manufacture of Medicines or Biological Products for Human Use.
☐	Factory or Laboratory of Medicines or Biological Products, for Human Use.
☐	Chemical, Biological, Pharmaceutical or Toxicology Control Laboratory, for the Study, Experimentation of Medicines and Raw Materials, or Auxiliary to Sanitary Regulation.
☐	Warehouse for the Conditioning of Medicines or Biological Products.
☐	Warehouse for the Storage and Distribution of Controlled Medicines or Biological Products, for Human Use.
☐	Mixing Centers for the Preparation of Nutritional and Medicinal Parenteral Mixtures.
☐	Pharmacy or Drugstore (With Sale of Controlled Medicines).
☐	Homeopathic Drugstore or Pharmacy (With Preparation of Homeopathic Medicines).

If you are requesting a **Sanitary Import Permit for products,** please select **an option:**

☐	Products.
☐	Samples or personal consumption (for donation, personal consumption, scientific research, laboratory testing and display).

If you are requesting a **Sanitary Import Permit for raw materials or medicines that are not or do not contain narcotics or psychotropic substances, and that have a sanitary registration,** please select **one option:**

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☐	Raw materials.
☐	Raw materials intended for the manufacture of medicines with sanitary registration.
☐	Medicines with sanitary registration.

If you are requesting a **Sanitary Import Permit for raw materials or medicines that are not or do not contain narcotics or psychotropic substances, without sanitary registration,** please select **an option:**

☐	Medicines and Raw Materials Intended for Human Research.
☐	Medicines and Raw Materials Intended for Maquila.
☐	Medicines Intended for Special Treatments (In diseases of low incidence with social impact).
☐	Medicines Intended for Personal Use.
☐	Medicines Intended for Donation.
☐	Medicines and Raw Materials Intended for Laboratory Testing.

If you are requesting a **Sanitary Import Permit for medical devices that are not or do not contain narcotics or psychotropic substances that have a sanitary registration,** please select **one option:**

☐	Importation of Medical Devices with Sanitary Registration. (Such as: medical equipment, X-ray machines, heart valves, internal prostheses, pacemakers, prostheses, dental supplies, surgical materials, wound care and hygiene products with Sanitary Registration).
☐	Importation of Radiation Sources. (Includes reagents or diagnostic agents with radioactive isotopes).

If you are requesting a **health permit for the import of medical devices that are not or do not contain unregistered narcotics or psychotropic substances,** please select **one option:**

☐	Medical Devices for Contract Manufacturing.
☐	Medical Devices for Personal Use.
☐	Medical Devices for Medical Use.
☐	Medical Devices for Human Research.
☐	Medical Devices for Donation
☐	Unregistered, Used Medical Devices.

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☐	Medical Devices Intended for Laboratory Testing.

If you are requesting a **return import health permit,** please select **an option:**

☐	Health supplies.
☐	Products.

If you are requesting a **modification to the import health permit,** please select **an option:**

☐	Health supplies.
☐	Products.

In the case of requesting a **Sanitary Registration of Medical Devices by Equivalence of Regulatory Authorities of Reference,** select **an option** according to the type of medicine and its manufacture:

☐	Products with FDA Class I Registration (USA and Canada Equivalence Agreement).
☐	Products with FDA Class II and III Registration (USA and Canada Equivalence Agreement).
☐	Products with Class II, III and IV HEALTH CANADA Registration (USA and Canada Equivalence Agreement).
☐	Designated controlled medical devices (class II with established conformity criteria) with Certificate Issued by a Certification Body Registered with the MHLW of Japan (Japan Equivalence Agreement).
☐	Class II (Class II without established conformity criteria), III and IV medical devices with Approval Letter Issued by the MHLW of Japan (Japan Equivalence Agreement).
☐	Other Regulatory Authorities of Reference by Agreement.

If you are requesting a **Sanitary Registration of Medicines by Equivalence from Reference Regulatory Authorities,** select **an option** according to the type of medicine and its manufacture:

☐	New molecule. Chemically synthesized drugs. Domestically manufactured.
☐	New molecule. Chemically synthesized drugs. Foreign manufacture.
☐	Generic medicine. Manufactured in Spain.
☐	Generic drug. Foreign manufacture.
☐	Innovative biotechnological drug. Manufactured domestically.
☐	Innovative biotechnology drug. Foreign manufacture.

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☐	Biosimilar biotechnological drug. Manufactured domestically.
☐	Biosimilar biotechnological drug. Foreign manufacture.
☐	Biological product. Made in Spain.
☐	Biological product. Foreign manufacture.
☐	Blood products. Made in Spain.
☐	Blood products. Foreign manufacture.
☐	Vaccines. Made in the country.
☐	Vaccines. Foreign manufacture.

If you are requesting a **Health Registration Cancellation Report and other authorizations,** please select **an option:**

☐	Sanitary Registration of Medicines
☐	Sanitary Registration of Herbal Remedies
☐	Sanitary Registration of Medical Devices
☐	Pesticide Sanitary Registration
☐	Sanitary Registration of Plant Nutrients

If you are requesting a **Sanitary Certificate for the production and processing of bivalve molluscs,** please select **one option:**

☐	Accreditation of Bivalve Mollusc Processing Plants.
☐	Water Quality in the Production and Cultivation Area of Bivalve Molluscs.

2. Owner details

Natural person
RFC:
CURP:
Name(s):
First surname:
Second surname:

Legal entity
RFC:
Company name or business name:
Legal representative requesting the procedure
RFC:

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Telephone:
Extension:
Email:

CURP:
Name(s):
First surname:
Second surname:
Telephone:
Extension:
Email:

Tax address of the owner

Postal code:	
Type and name of road: (For example: Avenue, boulevard, street, highway, road, private road, dirt road, among others.)	
Exterior number:	Interior number:
Type and name of the colony or human settlement: (Type of human settlement, for example: Condominium, estate, ranch, subdivision, among others.)	

Location (if applicable):
Municipality or mayor's office:
Federal Entity:
Between roads (type and name):
And road infrastructure (type and name):
Rear roadway (type and name):
Telephone:
Extension:

3. Establishment details

RFC:	Company name or business name:

Indicate the code and description of the business activity that corresponds to the establishment according to the Industrial Classification System of North America

Clave SCIAN	Description of the NAICS

Health license number or operating notice:
(Required field if any of the cited documents are available).

Note: If there is insufficient space for the SCIAN keys, add the necessary lines.

Health Officer
RFC:
CURP:
Name(s):

For health license registration only											
Operating hours:											
DLMMJVS of								HH : MM	a	HH : MM
DLMMJVS of								HH : MM	a	HH : MM

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First surname:	Start date of operations: DD / MM / AAAA
Second surname:	
Health officer notification number (if applicable to any of the aforementioned documents):	

Establishment address

Postal code:	Location (if applicable):
Type and name of road: (For example: Avenue, boulevard, street, highway, road, private road, dirt road, among others.)	Municipality or mayor's office:
	Federal Entity:
	Between roads (type and name):
Exterior number: / Interior number:	And road infrastructure (type and name):
Type and name of the colony or human settlement: (Type of human settlement, for example: Condominium, estate, ranch, subdivision, among others.)	Rear roadway (type and name):
	Telephone:
	Extension:

Legal representative(s) and authorized person(s)

Legal representative	Authorized person
CURP	CURP
Name(s):	Name(s):
First surname:	First surname:
Second surname:	Second surname:
Telephone:	Telephone:
Extension:	Extension:
Email:	Email:

Note: Reproduce the section on Legal Representative(s) and/or authorized person(s) as many times as necessary.

4. Modification and/or extension

Select option: a ☐ Modification ☐ Extension	of Document number:

In the event of modifications to the health license of establishments supplying health products, the procedure established in the AGREEMENT establishing simplification measures for procedures carried out before the Federal Commission for the Protection against Health Risks, published on July 11, 2025:

☐ A. Of an administrative type with immediate resolution.	☐ B. Technical type with expert opinion.
It says / authorized condition	It must say / requested condition

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5. Product details

Product	Product
1) Name of the product or service classification:	1) Name of the product or service classification:
2) Specify:	2) Specify:
3) Specific product name:	3) Specific product name:
4) Name (trademark) or distinctive designation (and your proposals):	4) Name (trademark) or distinctive designation (and your proposals):
5) International Nonproprietary Name (INN) or generic name or scientific name or OECD unique identifier:	5) Denominación Común Internacional (DCI) o generica o scientific name or unique OECD identifier:
6) Pharmaceutical form or physical form:	6) Pharmaceutical form or physical form:
7) Product type:	7) Product type:
8) Fraction tariff:	8) Fraction tariff:
9) Quantity of lots:	9) Quantity 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 number or alphanumeric code:	14) Import or export health permit number or alphanumeric key:
15) Health registration number:	15) Health registration number:
16) Minutes number:	16) Minutes number:
17) Presentation:	17) Presentation:
18) Use the Specific process: 1 2 3 4 5 6 7 8 9 10 / 11 12 13 14 15 16 17 18 19 20 / 21 22 23 24 25 26	18) Specific use or process: 1 2 3 4 5 6 7 8 9 10 / 11 12 13 14 15 16 17 18 19 20 / 21 22 23 24 25 26
19) Batch(s) Key:	19) Batch(s) Key:
20) Instructions for use:	20) Instructions for use:
21) Concentration:	21) Concentration:
22) Therapeutic indications:	22) Therapeutic indications:

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23) Date of manufacture: DD / MM / AAAA	23) Date of manufacture: DD / MM / AAAA
24) Date of expiration: DD / MM / AAAA	24) Date of expiration: DD / MM / AAAA
25) Storage temperature:	25) Storage temperature:
26) Transport temperature:	26) Transport temperature:
27) Means of transport or customs entry:	27) Means of transport or customs entry:
28) Identification of containers:	28) ID of containers:
29) Primary packaging:	29) Primary packaging:
30) Secondary packaging:	30) Secondary packaging:
31) Type of packaging and number of packaging units:	31) Type of packaging and number of packaging units:
32) Item number:	32) Item number:
33) National Compendium of Health Inputs (CNIS):	33) National Compendium of Health Supplies (CNIS):
34) Presentation intended for: ○ Generic ○ Healthcare Sector Sales ○ Export from the	34) Presentation intended for: ○ Generic ○ Health Sector ○ Sale ○ Export from the
35) Product manufacturing: ○ National ○ Foreign	35) Product manufacturing: ○ National ○ Foreign
36) Unit of measurement for the application of the TIGIE (UMT):	36) Unit of measurement for the application of the TIGIE (UMT):
37) Quantity of unit of measurement for application of the TIGER:	37) Quantity of unit of measurement for 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 within the program for the manufacturing, maquiladora and export services industry):	39) IMMEX program number (only for companies that are within the program for the manufacturing, maquiladora and export services industry):
40) Patents	40) Patents
41) Report of conclusions from the Molecules Committee New	41) Report of conclusions from the Committee on New Molecules
42) Pharmacovigilance program	42) Pharmacovigilance program
43) Supply of health supplies	43) Supply of health supplies

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44) Reference Regulatory Authority and country		44) Reference Regulatory Authority and country
45) WHO prequalification		45) WHO prequalification
46) Discharge Report • Cancellation • Revocation		
47) Scientific research protocol number		47) Scientific research protocol number
48) Number of the last sanitary registration document and/or related certificates		48) Number of the last sanitary registration document and/or related certificates
49) Description of specific use.		49) Description of specific use.
50) Orphan product recognition official number		50) Orphan product recognition official number
51) Professional License Number		51) Professional License Number
52) Import permit number issued by the CNSNS		52) Import permit number issued by the CNSNS
53) Permit number of the person responsible for the operation and functioning of X-ray equipment.		53) Permit number of the person responsible for the operation and functioning of X-ray equipment.

54) ☐ I declare, under oath, that the label with which the product is intended to be marketed in the United Mexican States contains the same information as the label with which it is marketed in the country of origin, incorporating only the necessary adjustments to comply with the provisions of the applicable Mexican Official Standards regarding labeling and the current legal framework.

I declare that this statement makes me responsible for the truthfulness and accuracy of the information declared, and I acknowledge that the falsity, alteration or omission of data will result in the imposition of the corresponding sanctions and security measures in accordance with current legislation.

55) ☐ I declare, under penalty of perjury, that the product to be imported does not include any ingredients, components, or substances whose use is prohibited or restricted in the United Mexican States. I also declare that the quantity of the substances contained in the product is not equivalent, under any circumstances, to that of a medication, in accordance with current regulations.

I declare that this statement makes me responsible for the truthfulness and accuracy of the information declared, and I acknowledge that the falsity, alteration or omission of data will result in the imposition of the corresponding sanctions and security measures in accordance with current legislation.

56) ☐ I declare, under oath, that the product subject to this procedure will be used exclusively for the authorized purposes and I expressly commit to not marketing it in the United Mexican States, either totally or partially, until the corresponding health authorization is obtained.

I declare that I assume full responsibility for the use and destination of the imported product, and I acknowledge that any breach of what is stated herein will result in the imposition of the corresponding sanctions and security measures.

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in accordance with current legislation. 57)

I hereby declare, under penalty of perjury, that the chemically synthesized product subject to this procedure has a valid certificate, equivalent document, or explanatory statement issued by the health authority of the country of origin, attesting to its compliance with applicable Good Manufacturing Practices. I further declare, under penalty of perjury, that said product has a valid certificate of analysis, issued by the manufacturer and endorsed with the name, signature, and position of the responsible chemist, attesting that the product meets the quality specifications established in the Pharmacopoeia of the United Mexican States (FEUM).

I declare that this statement makes me responsible for the truthfulness and accuracy of the information declared, and I acknowledge that the falsity, alteration or omission of data will result in the imposition of the corresponding sanctions and security measures in accordance with current legislation.

58) I declare, under penalty of perjury, that the used equipment subject to this procedure has the guarantees of effectiveness and the tests of proper functioning that certify that said equipment is suitable for use. Likewise, in the case
Specifically for used equipment that emits radiation (for X-rays, radiotherapy, nuclear medicine), I declare that I have the original documentation issued by the manufacturer or by the specialized advisor in radiological safety authorized by the
Federal Commission for Protection against Sanitary Risks (signed jointly with the importer under oath) through which compliance with the Official Mexican Standard NOM-229-SSA1-2002, Environmental Health, is accredited.
Technical requirements for the facilities, health responsibilities, technical specifications for the equipment and radiological protection X.
in establishments of diagnosis doctor with good heavens
I declare that this statement makes me responsible for the truthfulness and accuracy of the information declared, and I acknowledge that the falsity, alteration or omission of data will result in the imposition of the corresponding sanctions and security measures in accordance with current legislation.

Note: Reproduce product data as many times as necessary according to the requirements of each type of procedure.

6. Information for certificates

Use of the certificate (for export, registration, renewal and others):	Destination country:
Specify characteristics:	
Related official document number:	

7. Information for sanitary registration of health supplies

7.A. For contract manufactured products (contractor details)

Natural person
RFC (a):
CURP:
Name(s): First
surname: Second
surname: (a) Only when

the establishment is national.

Legal entity
RFC(a):
Company name or business name:

Details of the health officer
RFC:
CURP:
Name(s):
First surname:
Second surname:
Telephone:
Extension:
Email:

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(a) Only when the establishment is national.

Stage of the manufacturing process:
Health license number or operating notice (a):
Good Manufacturing Practices Certification Office Number(a): (mandatory field for domestic manufacturing)

Maquiladora's address

Postal code:	Location (if applicable):
Type and name of road: (For example: Avenue, boulevard, street, highway, road, private road, dirt road, among others.)	Municipality or mayor's office: Federal Entity: Between roads (type and name):
Exterior number: / Interior number:	And road infrastructure (type and name):
Type and name of the colony or human settlement: (Type of human settlement, for example: Condominium, estate, ranch, subdivision, among others.)	Rear roadway (type and name):

7.B. Manufacturer's data abroad for imported or domestic products

Natural person	Legal entity
RFC (a):	RFC (a):
CURP:	Company name or business name:
Name(s):	
First surname:	
Second surname:	

(a) Only when the establishment is national.

Manufacturer's address abroad for imported or domestic products

Postal code:	Location (if applicable):
Type and name of road: (For example: Avenue, boulevard, street, highway, road, private road, dirt road, among others.)	Municipality or mayor's office: Federal Entity: Between roads (type and name):
Exterior number: / Interior number:	And road infrastructure (type and name):
Type and name of the colony or human settlement: (Type of human settlement, for example: Condominium, estate, ranch, subdivision, among others.)	Rear roadway (type and name):

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Note: If there is more than one manufacturer, you may reproduce this section as many times as necessary.

Health license number or operating notice (a): (Required field for domestic manufacturing)
Good Manufacturing Practices Certification Office Number (a): (Required field for domestic manufacturing)

(a) Only when the establishment is national

Note: If there is more than one manufacturer, you may reproduce this section as many times as necessary.

7.C. Supplier or distributor details (for health supplies)

Natural person
RFC(a):
CURP:
Name(s):
First surname:
Second surname:

Legal entity
RFC(a):
Company name or business name:

(a) Only when the establishment is national.

Address of the supplier or distributor (for health supplies)

Postal code:	
Type and name of road: (For example: Avenue, boulevard, street, highway, road, private road, dirt road, among others.)	
Exterior number:	Interior number:
Type and name of the colony or human settlement: (Type of human settlement, for example: Condominium, estate, ranch, subdivision, among others.)	

Location (if applicable):
Municipality or mayor's office:
Federal Entity:
Between roads (type and name):
And road infrastructure (type and name):
Rear roadway (type and name):

Health license number or operating notice (a): (required field)

(a) Only when the establishment is national.

Note: If there is more than one manufacturer or distributor, you may reproduce this section as many times as necessary.

7.D. Details of the establishment that will prepare or store the health supplies

Natural person
RFC(a):
CURP:
Name(s):
First surname:
Second surname:

Legal entity
RFC(a) :
Company name or business name:

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(a) Only when the establishment is national.

Address of the establishment that will prepare or store the health supplies	
Postal code:	Location (if applicable):
Type and name of road: (For example: Avenue, boulevard, street, highway, road, private road, dirt road, among others.)	Municipality or mayor's office: Federal Entity: Between roads (type and name):
Exterior number: / Interior number:	And road infrastructure (type and name):
Type and name of the colony or human settlement: (Type of human settlement, for example: Condominium, estate, ranch, subdivision, among others.)	Rear roadway (type and name):
Health license number or operating notice (a): (mandatory field)	

(a) Only when the establishment is national.
Note: If there is more than one conditioner or warehouse, you may reproduce this section as many times as necessary.

8. Information for import, export and other authorizations

Import regime (for importers only) ☐ Temporal ☐ Definitive ☐ Tax warehouse	
Country of origin:	Country of origin:
Country of destination:	Customs office of entry or exit: (Specify only one)

8.A. Manufacturer's data

Natural person	Legal entity
RFC(a):	RFC(a):
CURP:	Company name or business name:
Name(s):	
First surname:	
Second surname:	

(a) Only when the establishment is national.

Manufacturer's address	
Postal code:	Location (if applicable):
Type and name of road: (For example: Avenue, boulevard, street, highway, road, private road, dirt road, among others.)	Municipality or mayor's office: Federal Entity: Between roads (type and name):

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Exterior number:	Interior number:
Type and name of the colony or human settlement: (Type of human settlement, for example: Condominium, estate, ranch, subdivision, among others.)	

And road infrastructure (type and name):
Rear roadway (type and name):

8. B. Supplier or distributor details

Natural person
RFC(a):
CURP:
Name(s):
First surname:
Second surname:

Legal entity
RFC(a):
Company name or business name:

(a) Only when the establishment is national.

Supplier or distributor address

Postal code:	
Type and name of road: (For example: Avenue, boulevard, street, highway, road, private road, dirt road, among others.)	
Exterior number:	Interior number:
Type and name of the colony or human settlement: (Type of human settlement, for example: Condominium, estate, ranch, subdivision, among others.)	

Location (if applicable):
Municipality or mayor's office:
Federal Entity:
Between roads (type and name):
And road infrastructure (type and name):
Rear roadway (type and name):

8.C. Recipient details (final destination)

Natural person
RFC(a):
CURP:
Name(s):
First surname:
Second surname:

Legal entity
RFC(a):
Company name or business name:

(a) Only when the establishment is national.

Recipient's address (final destination)

Postal code:	Location (if applicable):

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Type and name of road: (For example: Avenue, boulevard, street, highway, road, private road, dirt road, among others.)	Municipality or mayor's office:
	Federal Entity:
	Between roads (type and name):
Exterior number: / Interior number:	And road infrastructure (type and name):
Type and name of the colony or human settlement: (Type of human settlement, for example: Condominium, estate, ranch, subdivision, among others.)	Rear roadway (type and name):

8.D Billing information

Natural person	Legal entity
RFC(a):	RFC(a):
CURP:	Company Name or Business Name:
Name(s):	
First surname:	
Second surname:	

(b) Only for health supplies.

(a) Only when the establishment is national.

Biller's address

Postal code:	Location (if applicable):
Type and name of road: (For example: Avenue, boulevard, street, highway, road, private road, dirt road, among others.)	Municipality or mayor's office:
	Federal Entity:
	Between roads (type and name):
Exterior number: / Interior number:	And road infrastructure (type and name):
Type and name of the colony or human settlement: (Type of human settlement, for example: Condominium, estate, ranch, subdivision, among others.)	Rear roadway (type and name):

(a) Only when the establishment is national.

9. Details of the person performing tattoos, micropigmentation and/or piercings

Natural person

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RFC:
CURP:
Name(s):
First surname:
Second surname:
Telephone:
Extension:
Email:

Services to be performed:	
Select the service(s) that will be carried out at the establishment:	
☐	Tattoos
☐	Micropigmentation
☐	Drilling

Operating hours:										
D	L M M J V				s	of	HH : MM	a	HH : MM
D	L M M J V				s	of	HH : MM	a	HH : MM

Private residence of the person who performs tattoos, micropigmentation and/or piercings	
Postal code:	Location (if applicable):
Type and name of road: (For example: Avenue, boulevard, street, highway, road, private road, dirt road, among others.)	Municipality or mayor's office:
	Federal Entity:
	Between roads (type and name):
Exterior number: / Interior number:	And road infrastructure (type and name):
Type and name of the colony or human settlement: (Type of human settlement, for example: Condominium, estate, ranch, subdivision, among others.)	Rear roadway (type and name):
	Telephone:
	Extension:

9.A Curriculum vitae of the person who performs tattoos, micropigmentation and/or piercings

Academic Background	
Highest level of education:	Period:
Name of the technical career, professional career or bachelor's degree (if applicable):	
Name of the educational institution:	

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Courses or training		
1	Name of course or training:	
	Name of the educational institution that teaches it:	
	Duration in hours:	Date or period of the course or training:
	Date of issue of the certificate or diploma:	
	Electronic link to the certificate or diploma:	
2	Name of course or training:	
	Name of the educational institution that teaches it:	
	Duration in hours:	Date or period of the course or training:
	Date of issue of the certificate or diploma:	
	Electronic link to the certificate or diploma:	
3	Name of course or training:	
	Name of the educational institution that teaches it:	
	Duration in hours:	Date or period of the course or training:
	Date of issue of the certificate or diploma:	
	Electronic link to the certificate or diploma:	

Note: If you have more courses or training available, you can reproduce this section as many times as necessary.

Work experience

Current job.

Name of establishment:	
Owner:	Period:
Activities performed:	

Previous job(s).

Name of establishment:	
Owner:	Period:
Activities performed:	

Note: If you have more previous jobs, you can reproduce this section as many times as necessary.

Skills

List the skills and competencies acquired related to tattoos, micropigmentation and/or piercings

☐	I declare, under oath, that I have the supporting documentation (courses, certificates and diplomas) that accredits my knowledge in first aid, as well as in hygiene and asepsis techniques, in accordance with the provisions of the Sanitary Control Regulations for Products and Services.

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	I declare that this statement makes me responsible for the truthfulness and verifiability of the information declared, and I acknowledge that the falsity, alteration or omission of data will result in the imposition of the corresponding sanctions and security measures in accordance with current legislation.
☐	I declare, under oath, that I have proof of vaccination against tetanus and hepatitis B, in accordance with the provisions of the Sanitary Control Regulations for Products and Services. I declare that this statement makes me responsible for the truthfulness and verifiability of the information declared, and I acknowledge that the falsity, alteration or omission of data will result in the imposition of the corresponding sanctions and security measures in accordance with current legislation.

10. Extension and/or modification of the health control card for Tattoo Artists, Micropigmentation Artists and Piercers

Select an option: ☐ Extension ☐ Modification	Health control card number:

It says / authorized condition	It must say / requested condition

Note: The modification applies to increases or decreases in services.

In accordance with the provisions of section II of article 35 of the Law Federal Administrative Procedure I agree to receive all types of notifications regarding this procedure via email:

Email address to receive notifications:

_____

Under penalty of perjury, the undersigned declares that the information provided and accompanying this form are true and verifiable. This application is currently undergoing document review by the relevant department and is subject to applicable health control and surveillance measures, in accordance with Article 17 bis, section VI, of the General Health Law, and Articles 1, 2, sections II and XI, of the Regulations of the Federal Commission for Protection against Sanitary Risks.

The data or attachments may contain confidential information; do you agree to make them public? ○ Yeah ○ **No**

_____

Full name and signature of the owner,
Legal representative or interested party

For any clarification, doubt and/or comment regarding this procedure, the number **800-033-5050** of the COFEPRIS Telephone Assistance Center is available, and in case you require follow-up of the procedure sent to the Foreign Processing area, request information by email to **tramitacion_foranea@cofepris.gob.mx.**