



ORGANISMO INTERNACIONAL  
REGIONAL DE SANIDAD AGROPECUARIA (OIRSA)  
SERVICIO INTERNACIONAL DE TRATAMIENTOS CUARENTENARIOS (SITC)  
INTERNATIONAL REGIONAL  
ORGANIZATION FOR PLANT AND ANIMAL HEALTH (OIRSA)  
QUARANTINE TREATMENTS INTERNATIONAL SERVICES (SITC)

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CONSTANCIA DE TRATAMIENTO CUARENTENARIO / PROOF OF QUARANTINE TREATMENT **APM No. 45969**

|                                                                                                  |                                     |                                                                                                                                                                                          |            |                                            |          |                                                             |  |                |  |
|--------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------|----------|-------------------------------------------------------------|--|----------------|--|
| Lugar y fecha:<br>Document Place and date:                                                       | 29/12/2018                          | Fecha inicio tratamiento:<br>Treatment started on date:                                                                                                                                  | 29/12/2018 | Hora:<br>Time:                             | 08:47 AM | Fecha finalización tratamiento:<br>Treatment ended on date: |  | Hora:<br>Time: |  |
| <input type="checkbox"/> Importador / Importer<br><input type="checkbox"/> Exportador / Exporter | Nombre: <b>NUEVOS ALMACENES S.A</b> |                                                                                                                                                                                          |            |                                            |          |                                                             |  |                |  |
| <input checked="" type="checkbox"/> TERRESTRE / LAND                                             |                                     | <input type="checkbox"/> AEREO / AIR                                                                                                                                                     |            | <input type="checkbox"/> MARITIMO / MARINE |          |                                                             |  |                |  |
| Tipo de Transporte:<br>Type of Vehicle:                                                          |                                     | Tipo de Aeronave:<br>Type of Aircraft:                                                                                                                                                   |            | Nombre del Vapor:<br>Vessel Name:          |          |                                                             |  |                |  |
| Placa:<br>Registration plate:                                                                    |                                     | Matrícula:<br>Registration number:                                                                                                                                                       |            | No. de Viaje:<br>Trip No.                  |          |                                                             |  |                |  |
| Origen:<br>Origin:                                                                               |                                     | Procedencia:<br>Point of Departure:                                                                                                                                                      |            | Destino:<br>Destination:                   |          |                                                             |  |                |  |
| China                                                                                            |                                     | China                                                                                                                                                                                    |            | Guatemala                                  |          |                                                             |  |                |  |
| Tipo de Tratamiento / Type of treatment:                                                         |                                     | Químico utilizado:<br>Chemical used:                                                                                                                                                     |            | Dosis:<br>Dose:                            |          |                                                             |  |                |  |
| ASPERSIÓN MARITIMA                                                                               |                                     | VIROFLEX                                                                                                                                                                                 |            | 10 gr/litro de agua                        |          |                                                             |  |                |  |
| Concentración:<br>Concentration:                                                                 |                                     | Cantidad de Químico utilizado:<br>Amount of chemical used:                                                                                                                               |            | Temperatura ambiente:<br>Room temperature: |          |                                                             |  |                |  |
| 0 m3                                                                                             |                                     | 0.09                                                                                                                                                                                     |            | 0 °C                                       |          |                                                             |  |                |  |
| Volumen tratado:<br>Treated volume:                                                              |                                     | Tiempo de aeración:<br>Ventilation period:                                                                                                                                               |            |                                            |          |                                                             |  |                |  |
| 0                                                                                                |                                     | 0                                                                                                                                                                                        |            |                                            |          |                                                             |  |                |  |
| Producto tratado:<br>Product treated:                                                            |                                     | Peso / volumen / unidades:<br>Weight / volume / units:                                                                                                                                   |            |                                            |          |                                                             |  |                |  |
| 2 Contenedor 20, 15 Contenedor de 40"                                                            |                                     | 0                                                                                                                                                                                        |            |                                            |          |                                                             |  |                |  |
| Fecha y No. orden de tratamiento de Cuarentena:<br>Date and Order No. for quarantine treatment:  |                                     | Motivo del tratamiento:<br>Treatment Purpose:                                                                                                                                            |            |                                            |          |                                                             |  |                |  |
| Observaciones:<br>Observations:                                                                  |                                     | TGHU7463874 MRSU3566066 TLU5254220 MSKU0336726 MSKU0178235 MSKU3037713<br>MRKU3289349 TGHU7960525 MRSU8216520 SUDU1405888 MSKU8740776 MRSU3409814<br>MRKU0495095 MRKU0804126 TCNU9323355 |            |                                            |          |                                                             |  |                |  |
| Rony Palma Reyes                                                                                 |                                     |                                                                                                                                                                                          |            |                                            |          |                                                             |  |                |  |
| NOMBRE, FIRMA Y SELLO JEFE PUESTO SITC /<br>NAME, SIGNATURE AND SEAL OF SITC POST CHIEF          |                                     | NOMBRE, FIRMA Y SELLO OFICIAL DE CUARENTENA AGROPECUARIA<br>NAME, SIGNATURE AND SEAL OF QUARANTINE OFFICER                                                                               |            |                                            |          |                                                             |  |                |  |



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| ORGANISMO INTERNACIONAL REGIONAL DE SANIDAD AGROPECUARIA <b>APM No. 45969</b>                                             |                                                                                                                                |
| COMPROBANTE DE PAGO                                                                                                       |                                                                                                                                |
| INTERNATIONAL REGIONAL ORGANIZATION FOR PLANT AND ANIMAL HEALTH                                                           |                                                                                                                                |
| RECEIPT                                                                                                                   |                                                                                                                                |
| RECIBI DE:<br>RECEIVED FROM:<br>LA CANTIDAD DE:<br>THE AMOUNT OF:<br>EN CONCEPTO DE:<br>FOR:<br>CANCELADO EN:<br>PAID IN: | <b>NUEVOS ALMACENES S.A</b><br><b>NOVECIENTOS SESENTA Y TRES CON 25/100 Quetzales</b><br><b>CAMIONES (ó equiv a 20") - ASP</b> |
| EFFECTIVO/CASH:                                                                                                           | CREDITO/CREDIT: <input checked="" type="checkbox"/>                                                                            |
| CHEQUE No./CHECK No.                                                                                                      | BANCO/BANK:                                                                                                                    |
| TCQ, 29/12/2018                                                                                                           | LUGAR Y FECHA / PLACE AND DATE                                                                                                 |
| Jorge Mario de la Cruz Cristales                                                                                          | FIRMA / SIGNATURE                                                                                                              |
| NOMBRE COLECTOR SITC / SITC COLLECTOR NAME                                                                                |                                                                                                                                |
| CANCELA VALOR DE TRATAMIENTO / PAYMENT FOR TREATMENT COST                                                                 |                                                                                                                                |
| ORIGINAL CLIENTE (ADQUIRIENTE)                                                                                            |                                                                                                                                |



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