

Part I : Details of consignment	I.1. Consignor		I.2. IMSOC Reference	
	Name		I.2.a. Local Reference	
	Address			
	Country	ISO Code		
	I.5. Consignee		I.3. Central competent authority	
	Name		I.4. Local competent authority	
	Address			
	Country	ISO Code		
	I.7. Country of origin	ISO Code	I.9. Country of destination	ISO Code
	I.8. Region of origin	Code	I.10. Region of destination	
	I.11. Place of Dispatch		I.12. Place of destination	
	Name		Name	
	Address		Address	
	Approval Number		Approval Number	
Country	ISO Code	Country	ISO Code	
I.13. Place of Loading		I.14. Date and time of departure		
Name				
Address				
Approval Number				
Country	ISO Code			
I.15. Means of Transport		I.16 Entry Point		
Mode	International transport document	Identification		
I.18. Transport conditions		I.17. Accompanying documents		
Controlled temperature <input type="checkbox"/>	Ambient <input type="checkbox"/>	Chilled <input type="checkbox"/>	Frozen <input type="checkbox"/>	
		Commercial document reference	Date of issue	
		Country	Place of issue	
I.19. Container No / Seal No				
I.20. Certified as Human consumption <input type="checkbox"/>				
I.21. For transit through a third country <input type="checkbox"/>		I.22. For transit through Member State(s) <input type="checkbox"/>		
Country	ISO Code			
EU Exit Authority	BCP code			
EU Entry Authority	BCP code	Country	ISO Code	
I.23. Total number of packages	I.25. Total net weight	I.25. Total gross weight		
I.28. Description of consignment				
1. 02 MEAT AND EDIBLE MEAT OFFAL				
0203 Meat of swine, fresh, chilled or frozen				
Frozen				
020329 Other				
Of domestic swine:				
02032955 Boneless				
Commodity	Product Description	Slaughterhouse	Manufacturing plant	
Package count	Net weight	Shipping Mark	Batch number	

Part II: Certification	II. Health information			
	II.1.	I, the undersigned veterinarian, hereby certify that:		
	II.1.1.	The product comes from animals that:		
		(1) ○ [originate in the country indicated in box I.7.]	
		(1)or	○ [that were legally sent from a European Union Member State/area (state country and area) in compliance with the restrictions on movement relating to the diseases indicated in this certificate in accordance with European law].	
	II.1.2.	The product was obtained from animals of the porcine species from a country/area that is not under any health restriction because of foot-and-mouth disease or African swine fever.		
	II.1.3.	The country/area of origin is free of classical swine fever (CSF) or there was no presence of CSF in the country/area during the preceding 12 months.		
	II.1.4.	(1) ○ [The product underwent any one of the following heat treatments to ensure destruction of Trichina:	
			0° F, (-17.8° C), for a minimum of 106 hrs.;	
			-5° F, (-20.6° C), for a minimum of 82 hrs.;	
		-10° F, (-23.3° C), for a minimum of 63 hrs.;		
		-15° F, (-26.1° C), for a minimum of 48 hrs.;		
		-20° F, (-28.9° C), for a minimum of 35 hrs.;		
		-25° F, (-31.7° C), for a minimum of 22 hrs.;		
		-30° F, (-34.5° C), for a minimum of 8 hrs.;		
		-35° F, (-37.2° C), for a minimum of 1/2 hr.;]		
	(1)or	○ [the product underwent a test to detect Trichina using the magnetic stirrer method for pooled-sample digestion in an official laboratory of the Member State of origin.]		
II.1.5.	The product has been obtained from pigs coming from a country/zone in which in the last 12 months no animal has been vaccinated against foot-and-mouth disease, African swine fever or classical swine fever and imports of domestic animals vaccinated against these diseases are not permitted.			
II.1.6.	The product was obtained from animals that have had no contact with wild cloven-hoofed animals since birth.			
II.1.7.	The product comes from healthy animals that were inspected ante and post mortem and were slaughtered and processed in plants approved by the Ministry of Agriculture, Livestock, Rural Development, Fisheries and Food for export to Mexico, specifying their name, number and address.			
II.1.8.	The product has been approved for human consumption by an official body.			
II.1.9.	The fresh meat was obtained from animals slaughtered on		(dd/mm/yyyy) or	
	between	(dd/mm/yyyy) and	(dd/mm/yyyy)	
II.1.10.	The best before dates of the products are between the following: from (dd/mm/yyyy) to (dd/mm/yyyy)			
Notes				
Part I:				
Box I.2.a	TRACES reference No: If this is not an electronic certificate (TRACES) this box is left empty.			
Box I.11	Place of origin: Name, number and address of the dispatch establishment.			
Box I.13	Place of loading: State where the container was loaded onto means of transport for shipment to Mexico if known; otherwise this box is left empty.			
Box I.14	Date and time of departure: State the date when the container was unloaded from the means of transport. The time should be stated if known.			
Box I.19	State the total gross weight and total net weight..			
Box I.21	If containers or boxes are used, the container number and the seal number (if applicable) should be stated.			

	II. Health information			
Part II: Certification	Box I.25	<p>Identification of goods</p> <p>Custom code and title: Enter the corresponding HS code in the following sections: 02.03 and 02.09</p> <p>Nature of goods: State "carcass-whole", "carcass-side", "carcass-quarters", "cuts", "minced meat", "prepared products" or "mechanically separated meat".</p> <p>Minced meat is deboned meat that has been minced into fragments and that must have been prepared exclusively from striated muscle (including the adjoining fatty tissues) except heart muscle.</p> <p>Official identification of the animal and name</p> <p>Treatment type: State "deboned", "bone in", "matured" or "minced" as appropriate. If frozen, enter the date of freezing (mm/yy) of the cuts.</p> <p>Processing plant: State the approval number of the slaughterhouse, cutting plant or cold store if appropriate.</p> <p>Slaughterhouse: Enter only in case of HS code 02.03.</p> <p>Date of packing: Enter the date of packing (mm/yy) of the cuts.</p>		
	Part II:	<p>The signature and the stamp must be in a colour different from that of the printed characters.</p>		
	(1)	<p>Delete as appropriate.</p>		
	Certifying Officer			
	Name (in capital letters)		Qualification and title	
	Date of signature		Signature	
	Stamp			