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| **ítem** | **Empresa Exportadora** | **Producto** | **N° Despacho** | **N° de Orden** | **C.R.T.** | **Chapa Nº** | **Observaciones** |
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| C.R.T: Conocimiento Rodoviario de Tránsito    ………………………………………. ……………………………………….  Firma Funcionario MAPA Firma IOA SENAVE | | | | | | | |