|  |  |  |
| --- | --- | --- |
|  |  |  |
| Nº Registro Productor/a-Comerciante |  |  |
| N° Certificado Plan Extracción |  |  |
| Fecha vencimiento Plan de Extracción |  |  |
|  |  |  |

**SOLICITUD DE GUIA DE LIBRE TRÁNSITO**

**D.S. N° 490, DE 1976, DE MINISTERIO DE AGRICULTURA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** | YO |  | RUT |  |
|  | Productor/a-comerciante de maderas de Alerce Muerto, solicito se me otorgue \_\_\_\_\_\_ guía (s) de libre tránsito, para lo cual declaro bajo juramento que los datos entregados a continuación, son verdaderos: | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | DOMICILIO REMITENTE | | | | | | | | | |  | | | | | | | | | |
| **2.** | LUGAR DE DESPACHO DEL PRODUCTO | | | | | | | | | |  | | | | | | | | | |
| **3.** | MEDIO DE TRANSPORTE | | | | | | | |  | | | | | PATENTE | | | | |  | |
| **4.** | CONDUCTOR/A | | | |  | | | | | | | | | | | | | | | |
|  | RUT |  | | | | | | | DOMICILIO | |  | | | | | | | | | |
| **5.** | DESTINATARIO/A | | | | |  | | | | | | | | | | | RUT | | |  |
|  | DOMICILIO | | |  | | | | | | | | | | | | CIUDAD | | | |  |
| **6.** | LUGAR DE ENTREGA | | | | | | |  | | | | | | | | CIUDAD | | | |  |
|  | COMUNA | |  | | | | | | | | | PROVINCIA | | |  | | | | | |
| **7.** | GUIAS ANTERIORES: | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | N° G.L.T. | | | FECHA | | | REGION | | | | |  | | |
|  |  | | | | | |  | | |  | | |  | | | | |  | | |
|  |  | | | | | |  | | |  | | |  | | | | |  | | |
|  |  | | | | | |  | | |  | | |  | | | | |  | | |
|  |  | | | | | |  | | |  | | |  | | | | |  | | |

**PRODUCTOS A TRANSPORTAR**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **TIPO PRODUCTO** | **N° PIEZAS** | **VOLUMEN** | **U. MEDIDA** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Uso exclusivo de la Corporación Nacional Forestal** | | | | |
|  | VISAR EN LA UNIDAD DE CARABINEROS DE CHILE: | | | |  |
|  | Observaciones: |  | | | |
|  |  | | | | |
|  |  | | | | |
|  | FECHA DE INGRESO: | |  |  | |
|  |  | | | | |

|  |
| --- |
| Firma del/de la Solicitante |