**Formato B11B** (Aviso de renovación del Socio Comercial Certificado.)

|  |  |  |
| --- | --- | --- |
|  | Aviso de renovación del Socio Comercial Certificado |  |

|  |
| --- |
| **ACUSE DE RECIBO** |

**DATOS DE LA PERSONA FISICA O MORAL SOLICITANTE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Denominación o razón social. (Exclusivo para Auto transportista Terrestre).** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre y/o Razón social: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  |  |  |  |  |  |  | |  | |  | |  | |  | |
| RFC incluyendo la homoclave | | | | | | | | | | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2. Agente Aduanal a quien se le otorgo la patente a que se refiere el artículo 159 de la Ley Aduanera.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Apellido paterno Apellido materno Nombre(s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RFC incluyendo la homoclave** | | | | | | | | | | | | | | | |  | |  | |  | |  | |  |  | |  | | |  | |  |  | |  | |  | |  |
|  | |  | |  |  | |  | |  |  | |  | | |  |  | |  | |  | |  | |
| **Número de Patente:** | | |  | | |  | |  | | |  | | **Número de Autorización:** | | | | | | | | | | | | | |  | |  | | |  | | |  | |  | |  | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Teléfono** | | | | | | | | | | | | | **Correo electrónico** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. Domicilio fiscal.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Calle Número y/o letra exterior Número y/o letra interior** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Colonia C.P. Municipio/Delegación Entidad Federativa** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Teléfono** | | | | | | | | | | | | | | **Correo electrónico** | | | | | | | | | | | | | | |  | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **4. Domicilio para oír y recibir notificaciones.** | | |
|  | | |
| **Calle Número y/o letra exterior Número y/o letra interior** | | |
|  | | |
| **Colonia C.P. Municipio/Delegación Entidad Federativa** | | |
|  |  |  |
| **Teléfono** | **Correo electrónico** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5. Datos del Representante Legal de la Persona física o moral solicitante.**  **(Exclusivo para Auto transportista Terrestre)** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Apellido paterno Apellido materno Nombre** | | | | | | | | | | | | | | | |
| **RFC incluyendo la homoclave** | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | | | | | | | | | | | | | |
| **Teléfono** | **Correo electrónico** | | | | | | | | | | | | | | |

**DATOS DE LAS PERSONAS AUTORIZADAS PARA OIR Y RECIBIR NOTIFICACIONES.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6. Persona autorizada para oír y recibir notificaciones.** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Apellido paterno Apellido materno Nombre** | | | | | | | | | | | | | | | |
| **RFC incluyendo la homoclave** | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | | | | | | | | | | | | | |
| **Teléfono** | **Correo electrónico** | | | | | | | | | | | | | | |
| **6.1. Persona autorizada para oír y recibir notificaciones.** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Apellido paterno Apellido materno Nombre** | | | | | | | | | | | | | | | | |
| **RFC incluyendo la homoclave** | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | | | | | | | | | | | | | |
| **Teléfono** | **Correo electrónico** | | | | | | | | | | | | | | |

|  |
| --- |
| **7. Declaración bajo protesta de decir verdad.** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Manifiesto que se continúa cumpliendo con las obligaciones inherentes a la autorización y con los requisitos previstos para el otorgamiento de la certificación. |  |  | SI |  | NO |  | |
|  |  |  | | | |

**DOCUMENTOS QUE SE DEBEN ANEXAR A ESTA SOLICITUD**

|  |  |
| --- | --- |
| **8. Adicionalmente las empresas interesadas en la renovación deberán anexar:** | |
|  |  |
|  | Copia simple del permiso vigente, expedido por la SCT para prestar el servicio de autotransporte federal de carga, cuando haya cambiado los términos del mismo, o en su caso, hayan obtenido alguna modificación de su vigencia. **(Exclusivo para Auto transportista Terrestre)** |
|  |
|  | Cuando se trate de persona distinta a la acreditada en trámites anteriores, se deberá anexar a la solicitud copia certificada del documento notarial con el que el firmante acredite sus facultades para realizar actos de administración.  **(Exclusivo para Auto transportista Terrestre)** |
|  |

Bajo protesta de decir verdad, manifiesto que los datos asentados en el presente documento son ciertos y que las facultades que me fueron otorgadas para representar a la solicitante no me han sido modificadas y/o revocadas.

|  |
| --- |
| NOMBRE Y FIRMA DEL REPRESENTANTE LEGAL DEL SOLICITANTE Y/O AGENTE ADUANAL |
| **INFORMACION DE ENVIO:**  **1.** Presente esta solicitud y los documentos anexos en:  Administración General de Auditoría de Comercio Exterior,  Avenida Paseo de la Reforma 10, piso 26, Torre Caballito, Colonia Tabacalera,  C.P. 06030, Delegación Cuauhtémoc, México, Distrito Federal.  De lunes a viernes, en un horario de 9:00 a 15:00 horas.  **2.** También puede enviar la solicitud y los documentos mediante SEPOMEX o utilizando los servicios de empresas de mensajería. |