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| **Operador #:** |  | | | **Nombre de la Operación:** | | |  | | | | | **Fecha:** | |  | |
|  |  | | |  | | |  | | | | |  | |  | |
| 1. Proporcione la dirección y / o coordenadas GPS para todos los sitios de recolección que se solicitan para certificación. Use hojas adicionales si es necesario. | | | | | | | | | | | | | | | |
| Localización ID: | |  | | | | | | Dirección: |  | | | | | | |
| Ciudad: |  | | | | | Estado/Provincia: | |  | | | Código Postal: | |  | |
| Coordenadas de GPS | | | Latitud: | |  | | | | | Longitud: |  | | | | |

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| Coordenadas de GPS | | | Latitud: |  | | | | Longitud: |  | |

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| Coordenadas de GPS | | | Latitud: |  | | | | Longitud: |  | |

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| Coordenadas de GPS | | | Latitud: |  | | | | Longitud: |  | |

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| Ciudad: |  | | | | Estado/Provincia: |  | | | Código Postal: |  |
| Coordenadas de GPS | | | Latitud: |  | | | | Longitud: |  | |

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| Localización ID: | |  | | | | Dirección: |  | | | |
| Ciudad: |  | | | | Estado/Provincia: |  | | | Código Postal: |  |
| Coordenadas de GPS | | | Latitud: |  | | | | Longitud: |  | |