	Farm name and contact address
То	
Ravensdown Customer Centre	
Ravensdown Limited	
P O Box 1049	
Christchurch 8140	
To whom it may concern,	
Written Notification of Competent Person for Tracked	Substances
This letter is to confirm that (Farm Name:) has a competent
person at the workplace who will accept responsibility for tracked subst	
Competent Person Name:	
Position:	
Contact Address:	
Please note we have also enclosed a copy of the Certified Handler Certificate/v	alid Approved Handler
Certificate/training record for the competent person and the Hazardous Substa	nce Compliance Certificate for
this location (if required).	
Value dia analy	
Yours sincerely,	
(Signature required)	
Name:	
Name:	· -
Position :	
Farm/Business Name:	
Encl;	
, Certified Handler Certificate/valid Approved Handler Certificate/training	g record

Hazardous Substance Compliance Certificate (if required).

Date:_____