

For supply of **Hazardous Property Control (“HPC”) Substances** into the workplace.

Please print clearly. Make sure the whole form is completed and all necessary documents are attached.

This form contains potentially sensitive information.

Linkup Paint Supplies sells several products (“the product(s)”) that fall under the coverage of the Hazardous Substances and New Organism Act 1996 (“the Act”).

The Environmental Protection Agency (“EPA”) is responsible for overseeing the operation of the Act. The EPA, has, under the Act, issued the Hazardous Substances (Hazardous Substances Property Controls) Notice 2017 (“the Hazardous Substances Notice” / “the HPC Notice”).

The HPC Notice outlines how hazardous substances with certain hazard classifications can only be supplied to workplaces, and only if suppliers receive written notification that a competent person at the workplace accepts responsibility for the substance.

- A competent person is someone who either:
- has received information, instruction and training to handle the substance
 - is a certified handler for the substance, where relevant.

Under the HPC Notice, these substances must be stored and used only at workplaces, and suppliers must keep records of the supply for 12 months from the date of sale.

- To be able to purchase the product(s), please provide the following information:
1. The name of the competent person(s) or authorised person(s) that has been in the last 12 months and/or will be receiving the products.
 2. The business address where the products are received.
 3. The competent person(s) must provide Linkup Paint Supplies with written notice of their acceptance of responsibility for the products. We request that person(s) send such notification to the undersigned by email to compliance@linkup.co.nz.

More information can be found on our website at www.linkup.co.nz/go/hpc-details

Name of Competent Person(s) at the Workplace	Signed	Notice Received
		DD / MM / YYYY
		DD / MM / YYYY
		DD / MM / YYYY
		DD / MM / YYYY
		DD / MM / YYYY
		DD / MM / YYYY

Workplace details

The product(s) I wish to purchase is/are classified as Hazardous Property Controlled Substances. I hereby declare that these product(s) will only be used in the workplace specified below, under the supervision of those named as “competent” above.

Signature of authority:

Date: DD / MM / YYYY

First name:

Last name:

Company:

Business address where the product(s) are/will be received: (including city and post code)

