

Designated Representatives List - SPTQMP

Name of Farm Unit(s): _____

Farm Unit Number(s): _____

Grower Name(s): _____

I _____ the grower(s) in control of the above named farm unit(s) declare that the following person(s) is/are trained in all relevant aspects of the Seed Potato Tuber Quality Management Program (SPTQMP) as required in the Directive D-06-04. Therefore, the following person(s) shall be considered designated representative(s) and may act on my behalf to use *Seed Potato Tags* and *Record of Bulk Movements for Seed Potatoes* under the conditions of the license.

Name of designated representative: _____

Signature of designated representative: _____

Date and type of training received: _____

Signature of the licensed grower: _____

Dated _____, 20____ at _____, Province of _____

Name of designated representative: _____

Signature of designated representative: _____

Date and type of training received: _____

Signature of the licensed grower: _____

Dated _____, 20____ at _____, Province of _____

Name of designated representative: _____

Signature of designated representative: _____

Date and type of training received: _____

Signature of the licensed grower: _____

Dated _____, 20____ at _____, Province of _____