

## CCPA Authorized Agent Designation

California residents have the right to designate an authorized person or corporate entity to exercise rights granted to them under the California Consumer Privacy Act (“CCPA”). To make this designation, California residents must complete and submit this form to [privacy@combmet.com](mailto:privacy@combmet.com). Incomplete forms or forms without proper signatures will not be accepted. Authorized agents who have been provided with power of attorney under California Probate Code sections 4000-4465 may submit their documentation directly without completing this form.

### I. Consumer Information

Your Full Name: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Your Shipping Address on File: \_\_\_\_\_

Your Email Address on File: \_\_\_\_\_

Your Phone Number (with Area Code): \_\_\_\_\_

### II. Authorized Agent Information

*If a natural person will be your authorized agent, please complete section A. If a business will be your authorized agent, please complete section B. The business must be registered with the California Secretary of State and in active standing:*

#### A. Natural Person

Agent's Full Name: \_\_\_\_\_

Agent's Physical Address: \_\_\_\_\_

Agent's Email Address: \_\_\_\_\_

Agent's Phone Number (with Area Code): \_\_\_\_\_

#### B. California Business

Agent's Business Name: \_\_\_\_\_

Agent's Business Address: \_\_\_\_\_

Agent's Email Address: \_\_\_\_\_

Agent's Phone Number (with Area Code): \_\_\_\_\_

California Secretary of State Registration Number: \_\_\_\_\_

### III. Scope

A. I authorize my Authorized Agent to request the following (*check only one*):

- ☐ Access Request Only
- ☐ Deletion Request Only
- ☐ Both Access & Deletion Requests

B. Authorizations are valid for one (1) year from the date of signature if no termination date is listed. Authorizations can be terminated at any time by contacting [privacy@combmet.com](mailto:privacy@combmet.com)

Authorization Termination Date: \_\_\_\_\_

C. For Access Requests, my non-medical personal information should be sent to the following:

Email Address: \_\_\_\_\_

### IV. Consumer Authorization

I authorize \_\_\_\_\_ (*agent name must match above*)  
as my agent for the sole purpose of submitting a verifiable consumer request under CCPA. This agent is permitted to request on my behalf that Combined Metals Company (CMC) disclose and/or delete my personal information that is subject to the CCPA as indicated above. I understand that Combined Metals Company may contact me to verify my identity and/or authorization. I certify (or declare) under penalty of perjury that the foregoing is true and correct:

**Your Signature** (Consumer) \_\_\_\_\_

**Today's Date** (MM-DD-YYYY) \_\_\_\_\_

**Your Printed Name** (Consumer) \_\_\_\_\_