## CALIFORNIA CONSUMER PRIVACY ACT (CCPA) AGENT AUTHORIZATION STATEMENT

Consumer Information:
Name:
Address:
Email:
Authorized Agent Information:
Name:
Address:
Email:
I hereby designate the authorized Agent listed above as my third party-designee and authorized agent to
make a request pursuant to the California Consumer Privacy Act ("CCPA") on my behalf. I further authorize Agent
to correspond with Sullair, LLC and its employees, agents, affiliates, officers, directors, or representatives on my
behalf in all matters with respect to communications relating to the CCPA.
I hereby agree to notify Sullair, LLC in writing of any cancellation of this Agent Authorization Statement.
Such notices should be emailed to Sullair, LLC at Information.Security@sullair.com or sent via postal mail to:
Sullair, LLC, North America Operations, Attention: Compliance, 1 Sullair Way Michigan City, IN 46360.
IN WITNESS WHEREOF, the undersigned has executed this CCPA Agent Authorization Statement in
, California on (CITY) (DATE)
By:
Name: