

**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 Dematic Corp. 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 Dematic Corporation in writing of any cancellation of this Agent Authorization Statement. Such notices should be emailed to Dematic Corp. at DematicDPO@dematic.com or sent via postal mail to: 507 Plymouth Ave. NE, Grand Rapids, MI 40505, Attention: Legal Department (Privacy – CCPA).

IN WITNESS WHEREOF, the undersigned has executed this Agent Authorization Statement in

_____, California on _____
(CITY) (DATE)

By: _____

Name: _____