

California 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 may complete and submit this form. If Vedder Holsters is unable to verify the identity of the person submitting this form, we may request additional information from the person making the submission. Authorized agents that have been provided a power of attorney from a requestor may submit requests directly.

Requested Information

1. Your full name: _____
2. Date of birth: _____
3. Current address: _____
4. Telephone number: _____
5. Name of Authorized Agent (if designating an entity to act on your behalf, the CCPA requires that such entity is registered with the Secretary of State):
6. Will information requested by an Authorized Agent be delivered to the Agent or you? Please provide instructions.
7. I hereby give my authorization for the Agent identified above to make the following requests on my behalf.
 - Requests to know the categories of personal information we have collected about you.
 - Requests to obtain specific pieces of personal information we have collected about you.
 - Requests to delete personal information we have collected from you.

SIGNATURE: _____

DATE: _____

If submitting the form by mail, please send to:

Vedder Holsters, LLC
1176 Camp Avenue
Mount Dora, FL 32757
ATTENTION: PENNIE

If submitting the form by email, please send to:

privacy@vedderholsters.com