



Submit a California Consumer Privacy Act Request

Verified Consumer Request Form

We take our obligation to protect your data very seriously. To process your data request, we need some basic information from you. We will only use personal information provided in a Verifiable Consumer Request to verify the requestor’s identity or authority to make the request. The information requested in this form is necessary to verify you are the person authorized to make this request, to locate you within our systems, and to determine whether we may have a lawful reason to deny your request. We cannot respond to your request or provide you with personal information if we cannot verify your identity or authority to make the request and confirm that the personal information relates to you. *Denotes Required Information.

Please complete the form below and submit to the following address:

Britax Child Safety, Inc.
ATTN: CCPA
4140 Pleasant Road
Fort Mill, South Carolina 29708

SECTION 1: Consumer

Full Name*: _____

Email Address(s)*: _____

Note: If you may have used more than one email address with Britax, so please list all email address (if applicable). If you have an online account with us, you will be required to confirm your request via the email address associated with your account. If you no longer have access to the email address associated with your account, please log-in to your account, update your email address, and return to this page to submit your request.

Have you purchased a Britax product? * Yes: _____ No: _____

Mailing Address, City, State and Zip Code*

Please provide any information that might be helpful in fulfilling your request regarding how you have engaged with Britax. For example, “I purchased a Britax car seat in 2011” or “I reported an accident (or claim) in 2014”:

SECTION 2: Are you the Consumer who is the subject of this Request?

_____: YES, I am the Consumer that is the subject of this Request.

_____: NO, I am the Authorized Agent acting on behalf of the Consumer that is the subject of this Request. I will provide the Consumer’s Power of Attorney executed pursuant to California Probate Code sections 4000 to 4465 and proof of my own identity (see below). **Please go to section 3.**

SECTION 3: Details of Authorized Agent

If your request is on the behalf of the Consumer identified above and you cannot provide a scanned or printed copy of a duly authorized Power of Attorney to act on their behalf in this matter, we will seek the written consent of the Consumer before we can fulfil your request.

Please include applicable Power of Attorney executed pursuant to California Probate Code sections 4000 to 4465 with this submission.

SECTION 4: Nature of Request

Please select all desired options:

_____ : Specific pieces of personal information that Britax has

NOTE: For this option you MUST complete the Declaration in Section 5.

_____ : Categories of personal information Britax has collected

NOTE: For this option you MUST complete the Declaration in Section 5.

_____ : Categories of sources from which the personal information is collected

_____ : Categories of personal information that Britax sold or disclosed for a business purpose

_____ : Categories of third parties to whom the personal information was sold or disclosed for a business purpose

_____ : The business or commercial purpose for collecting or selling personal information

SECTION 5: Declaration

The following CCPA requests require you to submit a signed declaration under penalty of perjury that you are the consumer whose personal information is the subject of this request for a right to know specific pieces of personal information, or a deletion request.

Requestor/Declarant Hereby Declares:

I acknowledge that I am a California resident and the person making the request noted above, under the California Consumer Privacy Act. I acknowledge that I am making this request in good faith on behalf of myself.

I certify and declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Requester/Declarant's Signature

Date