

## FORM 2: REQUEST FOR DELETION



### REQUEST FOR DELETION CCPA INTAKE FORM

The purpose of this form is to collect relevant information in relation to a Request for Deletion that a California resident, authorized agent or parent/legal guardian submits to KBR in connection with the California Consumer Privacy Act of 2018 (CCPA). The information that you provide will only be used for purposes of verifying your identity and processing your request, and not for unrelated purposes.

Once submitted, you will receive an email (at the address you provided), confirming that KBR has received and is processing your request. You will also receive additional notification in relation to whether we were able to fulfill your request.

In accordance with the CCPA, and as per our CCPA Privacy Notice which you can view along with our website privacy statement at [www.KBR.com](http://www.KBR.com), we will also reach out to any "service providers" who have been entrusted with the California resident's personal information, to ensure that the "Service Provider" also processes the deletion request.

KBR processes deletion requests within 45-days of receipt. In the rare event that we require additional time, we will contact you and let you know the reason why we require additional time. If so, your request will be processed no later than 90 days from receipt.

PLEASE NOTE THAT THE CCPA RIGHTS, INCLUDING THE RIGHT TO REQUEST DELETION OF YOUR PERSONAL INFORMATION, ARE ONLY AVAILABLE AT THIS TIME FOR CALIFORNIA RESIDENTS. Please also note that as per the CCPA, the right to deletion is not absolute, and there are a number of exceptions that apply. KBR will process your request in accordance with its CCPA obligations, and taking into account those exceptions.

Check One:

- I am making this request on my own behalf.
- I am making this request as an authorized agent on behalf of a California resident
- I am making this request on behalf of an incapacitated spouse.

Check as applicable to help us identify the California resident requesting deletion of his/her personal information:

- Customer
- Employee, former employee or temporary employee
- Business partner /Vendor
- Supplier
- Subcontractor
- Website visitor
- Other (specify): \_\_\_\_\_

Provide the following information about the California resident whose data is the subject of the request for deletion.

Full Name\*: \_\_\_\_\_

Street Address\*: \_\_\_\_\_

City, State, Zip Code\*: \_\_\_\_\_

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

Phone Number\*: \_\_\_\_\_

Last Four Digits of Your Social Security Number: \_\_\_\_\_

Last Four Digits of Your Driver's License Number: \_\_\_\_\_

Description of the personal information:

Approximate dates when your personal information was collected by KBR: \_\_\_\_\_

KBR business collecting the information, if known: \_\_\_\_\_

General description of the type of information that we may have collected about you:

\_\_\_\_\_

If the request is being made by an authorized agent on behalf of a California resident, provide the following:

Full Name of Authorized Agent\*: \_\_\_\_\_

Business Name of Authorized Agent (if applicable) \_\_\_\_\_

Address of Authorized Agent: \_\_\_\_\_

Email Address of Authorized Agent \*: \_\_\_\_\_

Phone Number of Authorized Agent\*: \_\_\_\_\_

*Please note that as per the CCPA, an authorized agent is required to submit verification that you are, in fact, the authorized agent of the California resident and acting on their behalf to make this request. Authorized agents must also be registered with the California Secretary of State.*

If the request is being made on behalf of an incapacitated spouse, please provide the following:

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

Your relationship to the California resident (e.g., spouse)\* \_\_\_\_\_

Your Address\*: \_\_\_\_\_

Your Email Address\*: \_\_\_\_\_

Your Phone Number\*: \_\_\_\_\_

Additional Information to help us identify the relevant personal information in our files:

Individual Certification: I confirm under penalty of perjury that I am the individual identified on this form, and make this request on my own behalf, to request that KBR delete the above-described personal information about me. I confirm that the information provided above is accurate to the best of my knowledge and belief. I also understand that if I submit information that is knowingly fraudulent or incorrect, I will be violating the law and may be subject to enforcement by KBR and/or law enforcement agencies and may also be subject to a lawsuit by the individual who I am representing myself to be. I also confirm that I am at least 16 years of age.

---

Signature

---

Date

Authorized Agent Certification: I confirm under penalty of perjury that I am the authorized agent of the individual identified on this form and am submitting this request on the individual's behalf. I also expressly confirm that I am registered as an authorized agent with the California Secretary of State and also expressly confirm that I have obtained a letter from the California resident whose data is the subject of this request, documenting their request to submit this request on their behalf. I understand that I may be required to submit a copy of that letter to KBR in order to proceed with the opt-out request as an authorized agent. I also understand that if I submit information that is knowingly fraudulent or incorrect information, either about myself or the California resident, I will be violating the law and can be subject to civil or criminal penalties. I certify that I am at least 16 years of age.

---

Signature

---

Date

Certification on Behalf of an Incapacitated Person: I confirm under penalty of perjury that I am the parent or legal guardian of the individual identified on this form. I understand that I may be required to submit additional verification to KBR to confirm my authority to act on that individual's behalf. I also understand that if I submit information that is knowingly false or incorrect, either about myself or the California resident, I will be violating the law and can be subject to civil or criminal penalties. I certify that I am at least 16 years of age.

---

Signature

---

Date

**PLEASE EMAIL THE COMPLETED AND SIGNED FORM TO: [CaliforniaPrivacy@kbr.com](mailto:CaliforniaPrivacy@kbr.com).**

If you have any questions, you may also contact us at that email address.

Thank you.

---