

FORM 3: REQUEST TO KNOW/ACCESS



REQUEST TO KNOW/ACCESS CCPA INTAKE FORM

The purpose of this form is to collect relevant information in relation to a Request to Know/Access from a California resident, authorized agent, or parent/legal guardian 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.

KBR processes requests to know/access 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 know/access is not absolute, and there are a number of exceptions that apply. KBR will process your request in accordance with its CCPA obligations, 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 individual 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: _____

Las 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 your 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 a letter which is signed by the California resident whose personal data is being blocked from 'sale', confirming that you are, in fact, their authorized agent and acting on their behalf to make this request.

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., parent, legal guardian, 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 California resident 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. I confirm that I am authorized by that California resident to act on his/her behalf in making this request, and also expressly confirm that have obtained a letter from that individual documenting that authorization. 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 making this request on behalf of an incapacitated spouse. I understand that I may be required to submit additional verification to KBR to confirm my authority to act on that incapacitated person'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.

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

Thank you.
