



**FEDERAL SAFETY COMPLIANCE CENTER, INC.
GEORGIA DEPARTMENT OF LAW
CONSUMER PROTECTION DIVISION**

Please type or print legibly in black or blue ink.

- This Claim Form is for any entity, including a for-profit or not-for-profit business, consumer, or governmental entity, who, as a result of alleged conduct by Federal Safety Compliance Center, Inc.:
 - Paid for goods that the entity did not request or were requested as a result of deception; or
 - Paid for shipping costs to return goods that the entity did not request or were requested as a result of deception.

If you have already received a full refund relating to the goods and/or shipping costs, you are not eligible for this restitution program.

- Eligible claimants should fill out this Claim Form *completely*. Failure to provide all of the information requested will not necessarily result in the denial of your claim; it could, however, delay consideration of your claim while we request additional information from you, or it could impact your ability to demonstrate your loss and/or recover restitution. Questions should be directed to Investigator Mike Hummill by email only to mhummill@law.ga.gov.
- Records Requested. Return this Claim Form with copies (*no originals, please*) of:
 - Documents, such as receipts, that demonstrate you were charged for and paid for products, the date(s) of the charge(s) and payment(s), and, the amount of the charge(s) and payment(s).
 - Documents, such as receipts, that demonstrate that you paid shipping costs to return goods that you did not request or were requested as a result of deception.

In some cases, the Consumer Protection Division ("CPD") may need to request additional documentation from you. If you do not have any of these documents to submit, submit your Claim Form anyway and provide a detailed explanation of the events. Your lack of documentation does not necessarily mean that your claim will be denied.

- Keep a copy of your completed Claim Form and any submitted attachments for your records.
- Submit your completed Claim Form and any documentation by mail, overnight delivery, fax or hand-delivery. **You may not submit the Claim Form by email!**

Mailed, overnighted and hand-delivered Claim Forms (including documentation) should be submitted to:

Georgia Department of Law - Consumer Protection Division
ATTN: Federal Safety Compliance Center, Inc. Restitution
2 Martin Luther King Jr. Drive SE, Suite 356
Atlanta, Georgia 30334-9077

Faxed Claim Forms (including documentation) should be faxed to 404-651-9018.

The Claim Form must be postmarked or faxed no later than 5:00 p.m. EDT on June 13, 2019.

- Please be aware that restitution will be drawn from funds held in a Trust Account. If the amount claimed exceeds the amount in the Trust Account, the funds will be distributed pro rata. This means that while you may be eligible for restitution, you may not receive the full amount requested.
- You will receive a response from CPD no later than August 12, 2019. While we will distribute funds from the Trust Account to eligible claimants as quickly as possible, please note it is a time-consuming process to evaluate and verify each claim submitted. Your patience is appreciated.

FEDERAL SAFETY COMPLIANCE CENTER CLAIM FORM

Business or Consumer Name: _____

Business Contact Name: _____

Federal Tax ID (or Social Security Number if a consumer)(Required): _____

Mailing Address (Required): _____

City: _____ State _____ Zip _____

Phone: (_____) _____ (Day) (_____) _____ (Night)

Email: _____

Did you file a complaint about Federal Safety Compliance Center with the Consumer Protection Division ("CPD")?

Yes No

Have you been or are you currently a party to any legal action against Federal Safety Compliance Center? Yes No

Description of the product and/or service for which you were charged: _____

Amount of Payment: \$ _____

Date of Payment : ____ / ____ / ____

Total amount you claim you are owed as reimbursement: _____

Have you received a refund, account credit, or other payment from Federal Safety Compliance Center, a third-party provider, your credit card company, or from any other source related to the product or service you have identified on this claim form? Yes No

If you answered "YES," please explain and identify any amounts you were refunded and the source of the refund:

Have you attached Documents to substantiate your Claim? Yes No

Please provide a brief explanation of your claim, including the product or service you received and/or paid for, why you believe you are entitled to restitution, and how you determined the monetary amount you are claiming. Your claimed amount will be subject to verification, and a CPD representative may need to obtain clarifying information.

I declare, under penalty of perjury under the laws of the State of Georgia, that the information contained in this claim is true and accurate, and that any documents attached are true and accurate copies of the originals. I understand that my claim and the related documents will become a "public record" under state law, and thus can be subject to a public records disclosure request and/or be seen by other people.

Signature _____ Date ____ / ____ / ____ City and State where signed _____

Printed Name _____ Title and Name of Business (if on behalf of a business) _____

Your submission must be postmarked or faxed no later than 5:00 p.m. EDT on June 13, 2019. Return to the Department of Law, Consumer Protection Division to address on instruction sheet or fax to 404-651-9018.