

FEMALE - SIZING FORM



FAX FORM TO 800-359-9721

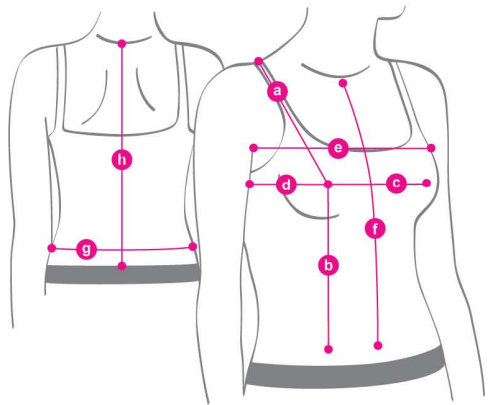
OFFICER'S FULL NAME _____ BADGE NO. _____
 DEPARTMENT _____ PRECINCT _____
 SHIPPING ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TELEPHONE NO. () _____ E-MAIL ADDRESS _____
 DATE SIZED _____ SIZED BY _____
 DEALER'S NAME _____

SIZING INSTRUCTIONS - PLEASE READ CAREFULLY

1. ALWAYS TAKE MEASUREMENTS WITH A PARTNER. NEVER MEASURE YOURSELF.
2. **WEAR T-SHIRT AND DUTY GEAR WHEN BEING MEASURED.**
3. READ ALL INSTRUCTIONS CAREFULLY AND **COMPLETE ALL** REQUESTED INFORMATION.

HEIGHT: _____ ft. _____ ins. WEIGHT: _____ lbs. WAIST: _____ ins. PANTS INSEAM: _____ ins. BUST: _____ ins.
(full circumference across nipples)

- a** **SHOULDER TO NIPPLE**
(USING A STRAIGHT RULER MEASURE FROM TOP OF SHOULDER TO NIPPLE.) _____ ins.
- b** **NIPPLE TO WAIST**
(USING A STRAIGHT RULER MEASURE FROM NIPPLE TO 1" ABOVE DUTY BELT.) _____ ins.
- c** **NIPPLE TO NIPPLE**
(USE A STRAIGHT RULER.) _____ ins.
- d** **NIPPLE TO SIDE SEAM**
(USE A STRAIGHT RULER.) _____ ins.
- e** **ARMPIT TO ARMPIT**
(USE A STRAIGHT RULER.) _____ ins.
- f** **STERNUM TO WAIST**
(MEASURE FROM TOP CENTER OF STERNUM TO 1" ABOVE DUTY BELT.)
 _____ ins. **STANDING**
 _____ ins. **SITTING**
- g** **LOWER BACK WIDTH**
(MEASURE SIDE TO SIDE ACROSS LOWER BACK ABOVE THE DUTY BELT.) _____ ins.
- h** **BACK LENGTH**
(MEASURE FROM TOP EDGE OF T-SHIRT COLLAR TO TOP OF DUTY BELT.) _____ ins. **STANDING**



SPORTS BRA BRA/CUP SIZE: _____

BALLISTIC OPTIONS

CARRIER OPTIONS

(see catalog for color choices)

EXTRA PROTECTION

| MODEL | THREAT LEVEL | COLOR | QTY | TAILS | |
|--------------------------------------|--------------------------------------|--------------|-------|-------|--|
| <input type="checkbox"/> SERAPH™ | <input type="checkbox"/> LEVEL II | REVOLUTION™ | _____ | _____ | <input type="checkbox"/> Poly-Shock <input type="checkbox"/> Ara-Shock |
| <input type="checkbox"/> HALO™ | <input type="checkbox"/> LEVEL IIIA | EVOLUTION™ | _____ | _____ | <input type="checkbox"/> T-Shock |
| <input type="checkbox"/> EMPEROR™ | <input type="checkbox"/> SPIKE 1 | EQUINOX™ | _____ | _____ | <input type="checkbox"/> STP (Soft Trauma Pac) |
| <input type="checkbox"/> QUANTUM™ | <input type="checkbox"/> SPIKE 2 | EZmesh™ | _____ | _____ | <input type="checkbox"/> SAP (CLASS II) |
| <input type="checkbox"/> GEMINI™ | <input type="checkbox"/> SPIKE 3 | LO PRO™ | _____ | _____ | <input type="checkbox"/> SSP (Super Steel Plate) |
| <input type="checkbox"/> TAURUS™ | | DRESS VEST™ | _____ | _____ | <input type="checkbox"/> Enhancement Pac |
| <u>NIJ STANDARD</u> | | QCS™ | _____ | _____ | SIZE |
| <input type="checkbox"/> NIJ 0101.06 | <input type="checkbox"/> NIJ 2005 IR | OTHER: _____ | | | <input type="checkbox"/> 5"x7" <input type="checkbox"/> 5"x8" |
| | | | | | <input type="checkbox"/> 7"x9" <input type="checkbox"/> 7"x10" |

PANEL SIZES AND SIDE COVERAGE

1. VEST SIZE TO BE DETERMINED AT FACTORY

FRONT PANEL SIZE: _____ REAR PANEL SIZE: _____ x _____

2. **SIDE COVERAGE** (please check one): BUTT FIT 1/2" GAP 1" GAP 1/2" OVERLAP 1" OVERLAP OTHER _____

3. **IF YOU WORK IN STREET CLOTHES, PLEASE CHECK THIS BOX:**

4. **ADDITIONAL INFORMATION, COMMENTS OR REQUESTS:** _____