

RGA & ALTERATION FORM

Please provide the following information to ensure the proper fit of your vest. Thank you for your attention to detail as we work to ensure accurate alterations. Please contact GH Customer Service with any questions.

- Prior to returning your vest, contact GH Customer Service via phone at (866) 920-5940 or email at customerservice@gharmorsystems.com to obtain an RGA number.
- Requests for alterations should be processed through the retailer from which the product was purchased.
- The GH Fit Guarantee for custom-sized armor includes one alteration within 60 days to ensure proper fit and coverage. Products returned after 60 days or for subsequent alterations are subject to charge.
- Return this form with your shipment to: GH Armor Systems, 1 Sentry Drive, Dover, TN 37058.

| RGA #: | Original PO #: | Today's Date: | |
|-----------------------------|-----------------------|------------------|-------------------|
| Distributor Purchased From: | | Date Purchased: | |
| Officer's Name: | | Daytime Phone #: | |
| Carrier Color: | Extra Carrier (Y/N)?_ | | _ Size: |
| Serial #s: | Vest Series: | | Protection Level: |

PLEASE COMPLETE WHERE APPLICABLE

RETURN SHIPMENT ADDRESS

| Alterations Offered In 1" Increments Only | | | Agency Name or Distributor Name | |
|---|-----------------|------------|---------------------------------|-----------------------|
| | FRONT PANEL | BACK PANEL | SIDES (EACH SIDE) | |
| Shorten | | | | Shipment Contact Name |
| Lengthen | | | | Street Address |
| Widen | | | | |
| Reason(s) fo | l or return: | | | City |
| | | | | State |
| | | | | Zip Code |

| FOR OFFICE USE ONLY | | | |
|---------------------------|-----------------|---------------|------------------|
| Date Received: | _Panels: | _ Carriers: | Trauma Plates: |
| Sew Time: | Alteration Time | : | _ Original SO #: |
| Date Returned to Customer | : | Inspected By: | |

Email to customerservice@krollcorp.com or fax to 586-739-0600