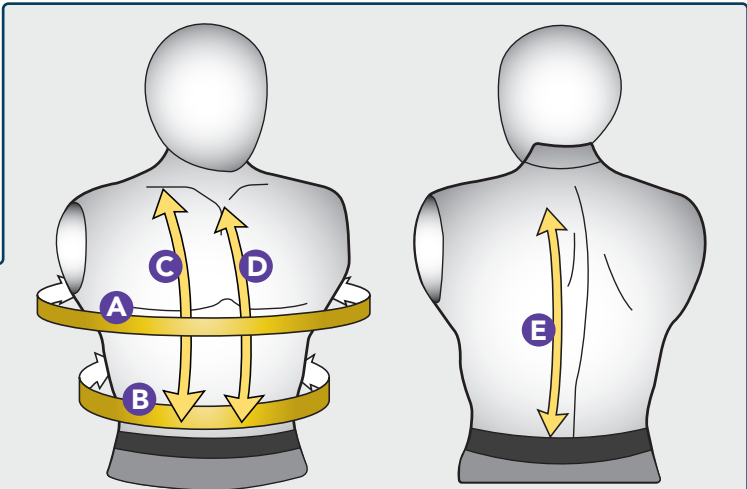




Officer's First Name _____	Last Name _____	Date _____
Department _____		Badge No. _____
Telephone _____	Email _____	Sized By _____
Dealer's Name (if applicable) _____	P.O. No. _____	Date Sized _____

PLEASE READ CAREFULLY

1. Always take measurements with a partner. Never measure yourself.
2. Wear a t-shirt and your duty gear when being measured.
3. Use a vinyl or cloth measuring tape.
4. Complete **ALL** requested information below.



Height: ft. in.

Weight: lbs.

Inseam: in.

A Chest in. **B Waist** in. **C Front Seated** in. **D Front Seated** in. **E Back** in.

(Measure around the chest under the arm pits.) *(Measure around the largest portion of the waist or 2" above duty belt while standing.)* *(Measure top of clavicle to 1" above the duty belt.)* *(Measure center of sternum to 1" above duty belt.)* *(Measure top of shoulder blades to 1" above duty belt while standing.)*

VEST INFORMATION

Threat Level: <input type="text"/>	Carrier Color: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Navy <input type="checkbox"/> Tan	Carrier Qty: <input type="checkbox"/> 1 <input type="checkbox"/> 2
Armor Cut: <input type="checkbox"/> Standard <input type="checkbox"/> Delta	Carrier Name: <input type="text"/>	Tails: <input type="checkbox"/> YES <input type="checkbox"/> NO
Ballistic Model: <input type="text"/>	Butt Fit: <input type="checkbox"/> YES <input type="checkbox"/> NO	Trauma Pack: <input type="checkbox"/> Soft <input type="checkbox"/> Hard
Overlap: <input type="checkbox"/> YES <input type="checkbox"/> NO	Overlap Each Side: <input type="checkbox"/> 1" or <input type="checkbox"/> 2"	
Panel Width: (WIDTH X LENGTH)	Front Panel Size <input type="text"/> WIDTH X <input type="text"/> LENGTH	Back Panel Size <input type="text"/> WIDTH X <input type="text"/> LENGTH

ADDITIONAL COMMENTS

