

# MALE - SIZING FORM



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OFFICER'S FULL NAME \_\_\_\_\_ BADGE NO. \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ PRECINCT \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NO. ( ) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

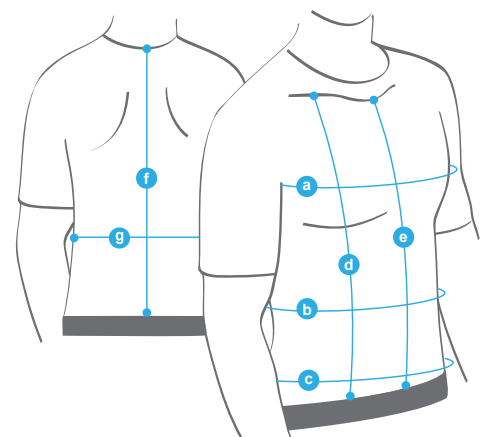
DATE SIZED \_\_\_\_\_ SIZED BY \_\_\_\_\_ DEALER'S NAME \_\_\_\_\_

## 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. USE VINYL OR CLOTH MEASURING TAPE.
4. READ ALL INSTRUCTIONS CAREFULLY AND **COMPLETE ALL** REQUESTED INFORMATION.

HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ ins. WEIGHT: \_\_\_\_\_ lbs. PANTS INSEAM: \_\_\_\_\_ ins.

- a CHEST**  
(MEASURE AROUND CHEST AND UNDER ARMS.) \_\_\_\_\_ ins.
- b MID-ABDOMEN**  
(EXHALE AND STAND RELAXED. MEASURE ABDOMEN AT THE WIDEST PORTION OF YOUR MID-SECTION.) \_\_\_\_\_ ins.
- c WAIST**  
(MEASURE AROUND WAIST JUST ABOVE DUTY BELT.) \_\_\_\_\_ ins.
- d CLAVICLE TO WAIST**  
(MEASURE TOP OF CLAVICLE TO TOP EDGE OF DUTY BELT.) \_\_\_\_\_ ins.
- e STERNUM TO WAIST**  
(EXHALE AND STAND RELAXED. MEASURE FROM TOP AND CENTER OF STERNUM TO THE TOP EDGE OF DUTY BELT.) \_\_\_\_\_ ins.
- f BACK LENGTH**  
(MEASURE FROM TOP EDGE OF T-SHIRT TO TOP EDGE OF DUTY BELT.) \_\_\_\_\_ ins.
- g BACK WIDTH**  
(MEASURE FROM SIDE SEAM TO SIDE SEAM) \_\_\_\_\_ ins.



STANDING

SITTING

### BALLISTIC OPTIONS

### CARRIER OPTIONS (see catalog for color choices)

### EXTRA PROTECTION

MODEL-THREAT	COLOR	QTY	TAILS	
NIJ Standard 0101.06				<input type="checkbox"/> Poly-Shock
QUANTUM™ <input type="checkbox"/> II <input type="checkbox"/> IIIA	REVOLUTION™ + _____	_____	_____	<input type="checkbox"/> Ara-Shock <input type="checkbox"/> Ara-Shock ICW
HALO™ <input type="checkbox"/> II <input type="checkbox"/> IIIA	REVOLUTION™ _____	_____	_____	<input type="checkbox"/> T-Shock
SERAPH™ <input type="checkbox"/> II <input type="checkbox"/> IIIA	EVOLUTION™ _____	_____	_____	<input type="checkbox"/> SSP (Super Steel Plate)
VORTEX <input type="checkbox"/> IIIA	EQUINOX™ _____	_____	_____	<input type="checkbox"/> Spike Pack
RAZOR <input type="checkbox"/> II	LOPRO™ _____	_____	_____	<input type="checkbox"/> STP (Soft Trauma Pack)
TAURUS™ GEMINI™	QCS™ _____	_____	_____	<input type="checkbox"/> SAP (Soft Armor Pack)
<input type="checkbox"/> SPIKE 1 <input type="checkbox"/> IIA SPIKE 3	OCS™ _____	_____	_____	SIZE (see catalog for limitations)
<input type="checkbox"/> SPIKE 2 <input type="checkbox"/> II SPIKE 2	MED VEST _____	_____	_____	<input type="checkbox"/> 5"x8" <input type="checkbox"/> 7"x10"
<input type="checkbox"/> SPIKE 3 <input type="checkbox"/> IIIA SPIKE 3	INSTRUCTOR _____	_____	_____	<input type="checkbox"/> 10"x12"

### PANEL SIZES AND SIDE COVERAGE

1. CHOOSE YOUR PANEL SIZES FROM THE SIZES PROVIDED BELOW

(The front panel must be as wide or wider than the rear panel for wrap-around coverage. Length of front and rear panels are usually the same.)

WIDTH: 12", 14", 17", 20", 22", 25", 28", 30" x LENGTH: 12", 13", 14", 15", 16", 17", 18", 19", 20"

FRONT PANEL SIZE: \_\_\_\_\_ REAR PANEL SIZE: \_\_\_\_\_ x \_\_\_\_\_ (OVERLAP INCHES ARE ADDED BY CUSTOMER SERVICE)

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: \_\_\_\_\_