



FEMALE SIZING FORM

DATE: _____ DATE REQUIRED: _____
 PO #: _____ QUOTE #: _____

BILL TO INFORMATION

Distributor: _____
 Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____ Fax: _____

SHIP TO INFORMATION (if other than bill to)

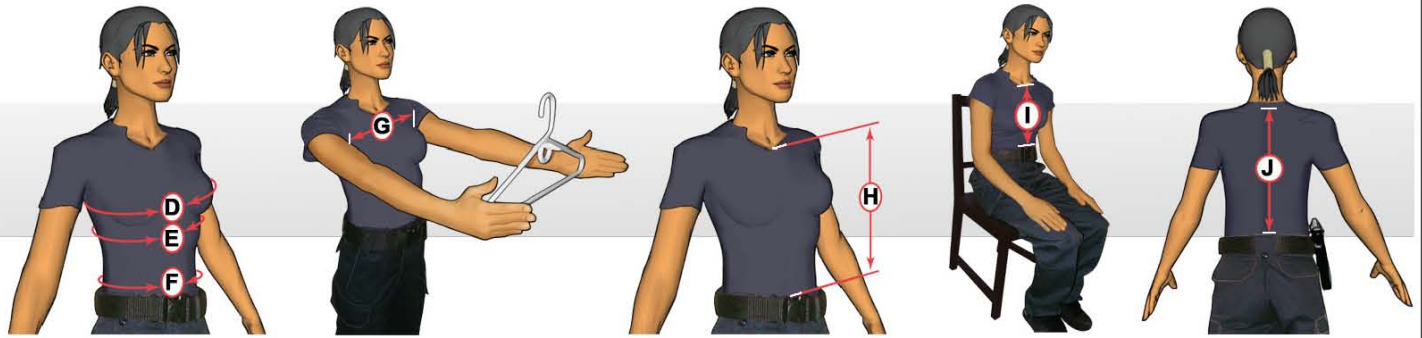
Dept / Agency: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 Officer's Name: _____

MEASUREMENT INFORMATION

*For accurate measurements, please measure officer in full uniform and gun belt.

- A Height:** _____
- B Weight:** _____
- C Cup Size:** _____
- D Bust:** _____
Take measurement at the maximum horizontal circumference of the chest.
- E Under Bust:** _____
Measure around the chest just below the bust.
- F Waist Size:** _____
Around the waist at the widest point.

- Measurement Taken By: _____
- G Chest Breadth:** _____
Distance between the arms. (With a coat hanger held in the hands, measure the distance between the arms at the chest.)
 - H Front Length Standing:** _____
Measure from 'V' at top of breast bone to the top of duty belt.
 - I Front Length Sitting:** _____
Measure from 'V' at top of breast bone to the top of duty belt.
 - J Back Length Standing:** _____
Measure from the protruding vertebrae between the neck and the back to the top of duty belt.



ORDER INFORMATION

QTY	SERIES	THREAT LEVEL	SIZE	COLOR	PRICE	TOTAL
TYPE OF EXTERNAL CARRIER:						

FAX FORM TO 800-359-9721

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