



TACTICAL SIZING FORM

DATE: _____ REQ. DELIVERY DATE: _____
 PO #: _____ QUOTE #: _____

BILL-TO INFORMATION

NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____
 EMAIL: _____

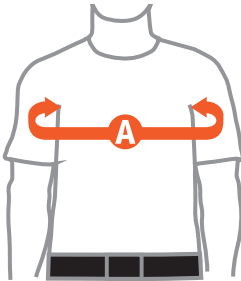
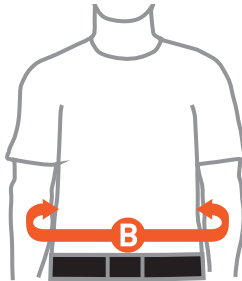
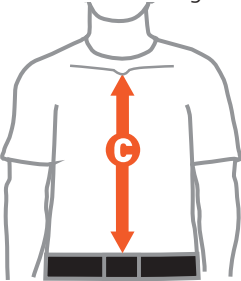
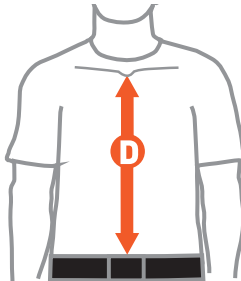
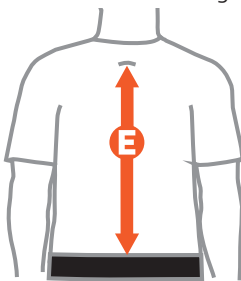
SHIP-TO INFORMATION (IF DIFFER FROM BILL-TO)

DEPT / AGENCY: _____
 CONTACT: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____ ZIP: _____
 PHONE: _____

MEASUREMENT INFORMATION

MEASURE THE OFFICER IN FULL UNIFORM AND DUTY BELT WITH CLOTH MEASURING TAPE. COMPLETE ALL FIELDS.

NAME: _____ HEIGHT: ___ ft. ___ in. WEIGHT: _____ lbs.
 AGENCY: _____ BADGE #: _____ SIZED BY: _____

<p>Ⓐ CHEST Chest circumference at widest point</p>  <p>_____ in.</p>	<p>Ⓑ WAIST Torso circumference at widest point</p>  <p>_____ in.</p>	<p>Ⓒ FRONT STANDING Length from clavicle notch to top of duty belt while standing</p>  <p>_____ in.</p>	<p>Ⓓ FRONT SEATED Length from clavicle notch to top of duty belt while seated</p>  <p>_____ in.</p>	<p>Ⓔ BACK STANDING Length from top vertebra to top of duty belt while standing</p>  <p>_____ in.</p>
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- ### VEST
- __ ATLAS T3
 - __ ATLAS T5
 - __ ATLAS T7
 - __ QUAD
 - __ INT'L SWAT

- ### OPTIONS
- | | |
|---------------|-----------------------|
| __ Collar | __ 6x6 Side Pockets |
| __ Throat | __ 6x8 Side Pockets |
| __ Biceps | __ Cummerbund |
| __ Groin | __ Cummerbund Inserts |
| __ Lower Back | __ Shoulder Inserts |
| | __ Quick Release |

- ### PANELS
- __ Ethos IIIA __ HeliX IIIA __ LiteX IIIA __ ProX IIIA

- ### COLOR
- __ Black
 - __ Coyote
 - __ Ranger Green
 - __ MultiCam

- | ID PATCHES | ID COLOR |
|-----------------|------------------|
| __ SHERIFF | ___ White |
| __ POLICE | ___ Gold |
| __ Other: _____ | ___ Other: _____ |

- ### PLATES
- Existing Plates: __ None __ Thin __ Thick
- | FRONT PLATE | BACK PLATE |
|------------------------------|------------------------------|
| Model: _____ | Model: _____ |
| Size: _____ | Size: _____ |
| Cut: __ Full __ Shooter's | Cut: __ Full __ Shooter's |
| Qty: _____ | Qty: _____ |
- NOTES: _____

SUBMIT COMPLETED FORM BY FAX OR EMAIL TO CUSTOMERSERVICE@GHARMORSYSTEMS.COM