



# Female Concealable Sizing Form

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Officer's 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.

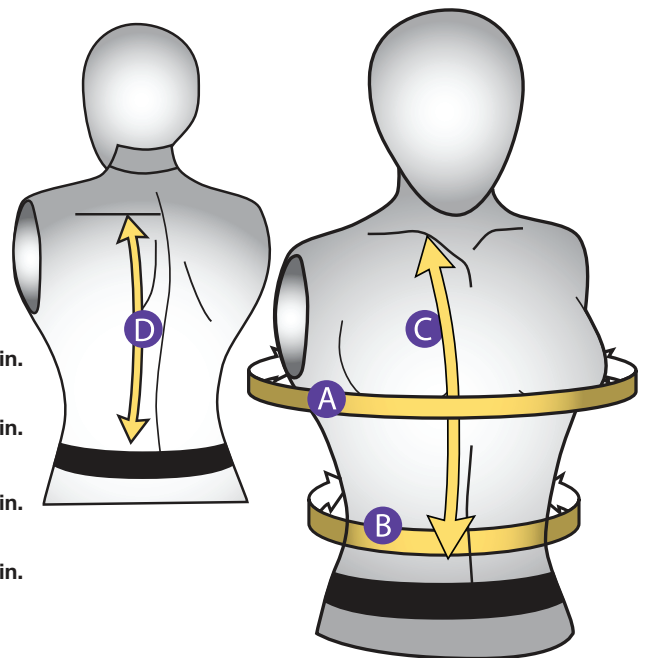
5. Side Coverage

Butt Fit    Overlap   Amount of Overlap (inches) \_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.   Weight: \_\_\_\_\_ lbs.

Inseam: \_\_\_\_\_ in.   Cup Size: \_\_\_\_\_

- A Chest** (Measure around the chest under the arm pits - around the largest part of the breast.) \_\_\_\_\_ in.
- B Waist** (Measure around the largest portion of the waist or 2" above duty belt while standing.) \_\_\_\_\_ in.
- C Front** (Measure top of clavicle to 1" above the duty belt while **seated**.) \_\_\_\_\_ in.
- D Back** (Measure top of shoulder blades to 1" above duty belt while standing.) \_\_\_\_\_ in.



Choose your panel sizes below and fill in the fields at right: For Office Use

Front Panel Width: 14 17 20 22 25 28 30 32 35 38 40  
 Back Panel Width: 14 17 20 22 25 28  
 Front Length: 12 13 14 15 16 17 18  
 Back Length: 12 13 14 15 16 17 18

PANEL (WIDTH X LENGTH)

FRONT PANEL SIZE \_\_\_\_\_ x \_\_\_\_\_

BACK PANEL SIZE \_\_\_\_\_ x \_\_\_\_\_

**BALLISTIC/STAB SYSTEMS & THREAT LEVELS**

Ballistic System	Level IIA	Level II	Level IIIA
Airius	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Araura	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virtus	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CARRIER SYSTEM**

- Concealed  
 Outer Carrier\*  
 Tactical

**ENHANCED PROTECTION**

- 5"x8" Soft Trauma Insert  
 5"x7" Female Spartan Gen II  
 6"x8" Female Spartan Gen II

**VEST COLOR**

- Black    White    Navy    Tan

**ACCESSORIES**

- Shirt Tails  
 Extra Carrier\*

\* Additional charges may apply.

**FOR OFFICE USE ONLY**

Serial Number \_\_\_\_\_



Form #F-720-08F  
DCR #10-114