



Male 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.

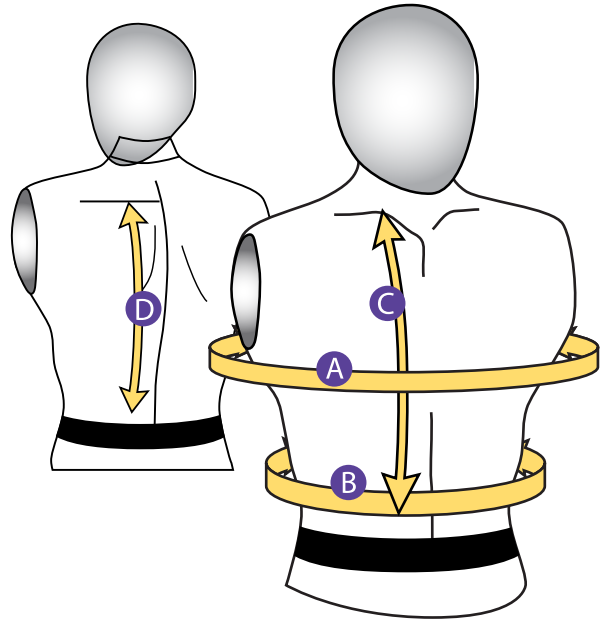
5. Side Coverage:

Butt Fit Overlap Amount of overlap (inches) _____

Height: _____ ft. _____ in. Weight: _____ lbs.

Inseam: _____ in.

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



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	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Araura	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Virtus	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	N/A	<input type="checkbox"/>	<input type="checkbox"/>

CARRIER SYSTEM
<input type="checkbox"/> Concealable
<input type="checkbox"/> Outer Carrier *
<input type="checkbox"/> Tactical*

ENHANCED PROTECTION
<input type="checkbox"/> 5"x8" Soft Trauma Insert
<input type="checkbox"/> 5"x7" Spartan Gen II Plate
<input type="checkbox"/> 6"x8" Spartan Gen II Plate
<input type="checkbox"/> 7"x9" Spartan Gen II Plate
<input type="checkbox"/> 10"x12" Spartan Gen II Plate

VEST COLOR
<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Navy <input type="checkbox"/> Tan

ACCESSORIES
<input type="checkbox"/> Shirt Tails
<input type="checkbox"/> Extra Carrier*
<i>* Additional charges may apply.</i>

FOR OFFICE USE ONLY
Serial Number _____
 
Form #F-720-02G DCR #10-114