



Female Concealable Sizing Form

891 Hughes Dr. Traverse City, MI 49696 | Phone: 231-933-1179 | Fax: 231-933-5368 | www.us.unitedshield.com

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: _____ lb

Age : _____

Cup Size: _____ Bra Strap Size _____

A Chest

(Measure around the chest under the arm pits - around the largest part of the breast.) _____ in.

B Waist

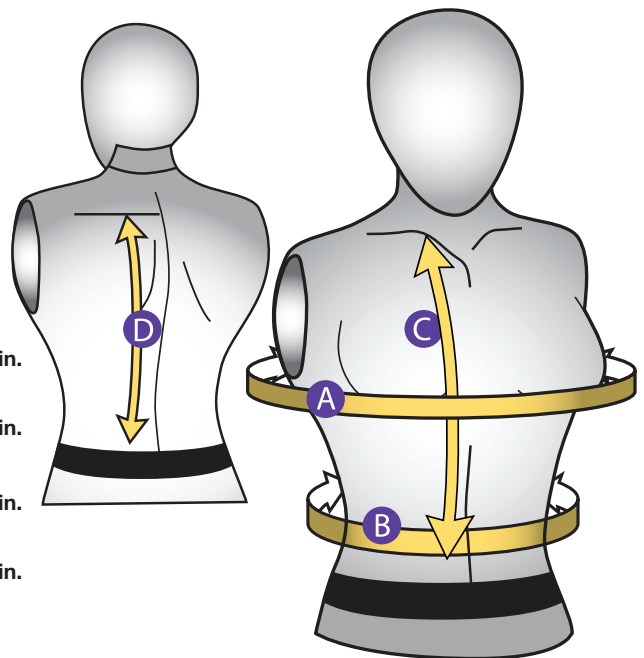
(Measure around the largest portion of the waist or 2" above duty belt while standing.) _____ in.

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