



SURVIVAL ARMOR®

FEMALE BODY ARMOR MEASUREMENTS

PH: 866-868-5001 FX: 239-210-0898

GUIDELINES FOR MEASURING

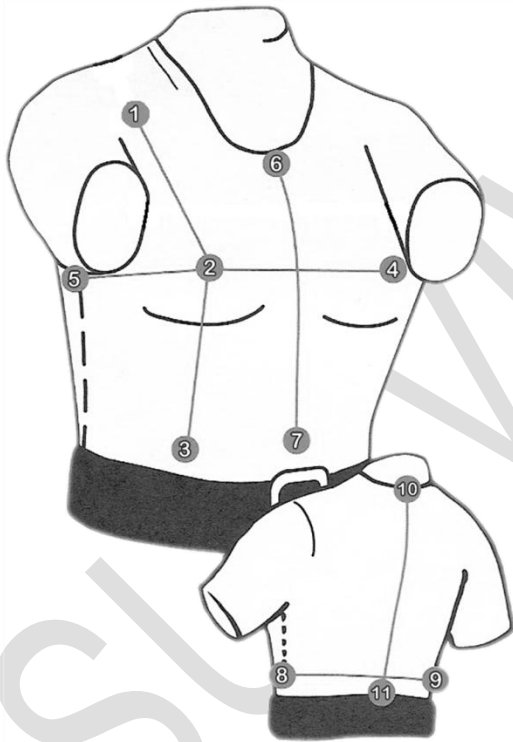
- Females should wear undergarments as would be worn with their uniform such as a T-shirt, bra, and duty belt.
- All front measurements should be taken while seated.
- **Tools needed:** cloth measuring tape and straight ruler.

ALL INFORMATION MUST BE COMPLETE TO BE PROCESSED

MEASURED BY _____
DATE MEASURED _____
REQUESTED SIZE FRONT _____
REQUESTED SIZE BACK _____

TYPE OF PATROL <input type="checkbox"/> STREET <input type="checkbox"/> UNDERCOVER <input type="checkbox"/> SWAT <input type="checkbox"/> BIKE <input type="checkbox"/> OTHER _____	UNDERGARMENT WORN <input type="checkbox"/> SPORTS BRA <input type="checkbox"/> BRA WITH WIRE <input type="checkbox"/> BRA WITHOUT WIRE <input type="checkbox"/> NO BRA <input type="checkbox"/> OTHER _____	SIDE COVERAGE <input type="checkbox"/> 1" OVERLAP <input type="checkbox"/> OTHER _____ PROTECTION LEVEL <input type="checkbox"/> II <input type="checkbox"/> IIIA	MODEL <input type="checkbox"/> FALCON 6 <input type="checkbox"/> PHOENIX 6 <input type="checkbox"/> PERFORMANCE 6 <input type="checkbox"/> OTHER _____ PLATE <input type="checkbox"/> L7 <input type="checkbox"/> STP <input type="checkbox"/> OTHER _____ 5x8 7x9	CARRIER COLOR <input type="checkbox"/> BLACK <input type="checkbox"/> NAVY <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER _____ <input type="checkbox"/> TAILS <input type="checkbox"/> NO TAILS
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OFFICER INFORMATION



MEASURE WHILE SEATED

1-2 CLAVICLE TO POINT _____
RULER

2-3 POINT TO BELT _____
RULER

2-4 POINT TO POINT _____
RULER

2-5 POINT TO SIDE _____
RULER

6-7 STERNUM TO BELT _____
CLOTH TAPE

MEASURE WHILE STANDING

8-9 SIDE SEAM TO SIDE SEAM _____
CLOTH TAPE

10-11 SHIRT COLLAR TO BELT _____
CLOTH TAPE

HEIGHT _____
WEIGHT _____
BRA/CUP SIZE _____
FULL CHEST _____
UNDER BUST _____
WAIST _____

COMMENTS _____

FULL NAME _____	ADDRESS _____
DEPARTMENT _____	CITY _____
BADGE # _____	STATE _____
TELEPHONE _____	ZIP _____
EMAIL _____	DISTRIBUTOR'S NAME _____

