



# FEMALE SIZING FORM

DATE: \_\_\_\_\_ REQ. DELIVERY DATE: \_\_\_\_\_  
 PO#: \_\_\_\_\_ QUOTE#: \_\_\_\_\_

## BILL-TO INFORMATION

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

## SHIP-TO INFORMATION (IF OTHER THAN BILL-TO)

DEPT / AGENCY: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

## MEASUREMENT INFORMATION

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

HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ lbs. CUP SIZE: \_\_\_\_\_ SIZED BY: \_\_\_\_\_

<b>Ⓐ BUST</b> Bust circumference at widest point _____ in.		<b>Ⓓ FRONT STANDING</b> Length from clavicle notch to top of duty belt while standing  _____ in.	<b>Ⓔ FRONT SEATED</b> Length from clavicle notch to top of duty belt while seated  _____ in.	<b>Ⓕ BACK STANDING</b> Length from top vertebra to top of duty belt while standing  _____ in.
<b>Ⓑ UNDER BUST</b> Torso circumference below bust line _____ in.		<b>Ⓗ OFFICER NAME:</b> _____		
<b>Ⓒ WAIST</b> Torso circumference at widest point _____ in.		NOTE: Back length should be no more than 3" longer than front length. If so, verify measurements.		

## ORDER INFORMATION

<b>NIJ 06</b>	<input type="checkbox"/> Ethos	<input type="checkbox"/> HeliX	<input type="checkbox"/> LiteX	<input type="checkbox"/> ProX	<b>CARRIERS</b>	<input type="checkbox"/> Two	<input type="checkbox"/> One	<input type="checkbox"/> None		
<b>MULTI</b>	<input type="checkbox"/> TalonX	<b>NIJ 05</b>	<input type="checkbox"/> Lite	<input type="checkbox"/> Pro		<b>COLOR</b>	<input type="checkbox"/> Black	<input type="checkbox"/> Dk Navy	<input type="checkbox"/> Tan	<input type="checkbox"/> White
<b>LEVEL</b>	<input type="checkbox"/> IIA	<input type="checkbox"/> II	<input type="checkbox"/> IIIA	<input type="checkbox"/> II/2		<b>TRAUMA</b>	<input type="checkbox"/> STP	<input type="checkbox"/> HTP	<input type="checkbox"/> LEO-H1	<input type="checkbox"/> LEO-R1
<b>SPIKE</b>	<input type="checkbox"/> Talon 1	<input type="checkbox"/> Talon 2	<input type="checkbox"/> Talon 3			<b>SIZE</b>	<input type="checkbox"/> 5x8"	<input type="checkbox"/> 7x9"	<input type="checkbox"/> 8x10"	<input type="checkbox"/> 10x12"

<input type="checkbox"/> <b>ORION CONCEALABLE CARRIER (OCC)</b>	<b>COLOR:</b> <input type="checkbox"/> Black <input type="checkbox"/> Dk Navy <input type="checkbox"/> Tan <input type="checkbox"/> White
<input type="checkbox"/> <b>LOW PROFILE CONCEALABLE CARRIER (LPC)</b>	<b>COLOR:</b> <input type="checkbox"/> Black <input type="checkbox"/> Dk Navy <input type="checkbox"/> Tan <input type="checkbox"/> White
<input type="checkbox"/> <b>UNIFORM SHIRT CARRIER (USC)</b>	<b>COLOR:</b> <input type="checkbox"/> Black <input type="checkbox"/> Dk Navy <input type="checkbox"/> Grey <input type="checkbox"/> Brown <input type="checkbox"/> Khaki <input type="checkbox"/> Tan <input type="checkbox"/> White
<input type="checkbox"/> <b>TACTICAL OUTER CARRIER (TOC)</b>	<b>COLOR:</b> <input type="checkbox"/> Black <input type="checkbox"/> Dk Navy <input type="checkbox"/> OD Green <input type="checkbox"/> Coyote
<input type="checkbox"/> <b>TACTICAL RESPONSE CARRIER (TRC)</b>	<b>COLOR:</b> <input type="checkbox"/> Black <input type="checkbox"/> Dk Navy <input type="checkbox"/> OD Green <input type="checkbox"/> Coyote
<input type="checkbox"/> <b>TACTICAL RESPONSE CARRIER BRAVO (TRC-B)</b>	<b>COLOR:</b> <input type="checkbox"/> Black <input type="checkbox"/> Dk Navy <input type="checkbox"/> OD Green <input type="checkbox"/> Coyote
<input type="checkbox"/> <b>CLEAN FRONT CARRIER (CFC)</b>	<b>COLOR:</b> <input type="checkbox"/> Black <input type="checkbox"/> Dk Navy <input type="checkbox"/> OD Green <input type="checkbox"/> Coyote
<input type="checkbox"/> <b>APB CARRIER (APB)</b>	<b>COLOR:</b> <input type="checkbox"/> Black <input type="checkbox"/> Dk Navy <input type="checkbox"/> OD Green <input type="checkbox"/> Coyote
<input type="checkbox"/> <b>EMS CARRIER (EMS)</b>	<b>COLOR:</b> <input type="checkbox"/> Black <input type="checkbox"/> Dk Navy
<input type="checkbox"/> <b>EMS MOLLE CARRIER (EMS-M)</b>	<b>COLOR:</b> <input type="checkbox"/> Black <input type="checkbox"/> Dk Navy
<input type="checkbox"/> <b>QUILTED OUTER CARRIER (QOC)</b>	<b>COLOR:</b> <input type="checkbox"/> Black <input type="checkbox"/> Dk Navy
<input type="checkbox"/> <b>FIREARMS INSTRUCTOR CARRIER (FIC)</b>	<b>COLOR:</b> <input type="checkbox"/> Red
<b>REMOVABLE ID TEXT:</b> <input type="checkbox"/> POLICE <input type="checkbox"/> SHERIFF <input type="checkbox"/> Other _____ <b>COLOR:</b> <input type="checkbox"/> White <input type="checkbox"/> Gold <input type="checkbox"/> Other _____	

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