



SURVIVAL ARMOR®

IT'S ALL ABOUT SURVIVAL...

FEMALE BODY ARMOR MEASUREMENTS

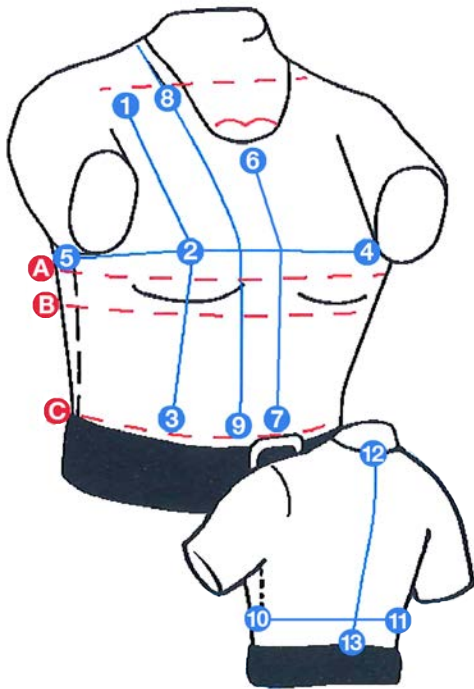
GUIDELINES FOR MEASURING

- 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 _____
 Previous Size Front _____
 Previous Size Back _____

TYPE OF PATROL	UNDERGARMENT WORN	SIDE COVERAGE	VEST	CARRIER COLOR
<input type="checkbox"/> Street <input type="checkbox"/> Undercover <input type="checkbox"/> SWAT <input type="checkbox"/> Bike <input type="checkbox"/> Other _____ <input type="checkbox"/> Duty Belt Worn on Duty	<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 _____	<input type="checkbox"/> 1" Overlap <input type="checkbox"/> Other _____	Model: _____	<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 Quantity: _____
		PROTECTION LEVEL	PLATE	
		<input type="checkbox"/> II <input type="checkbox"/> IIIA <input type="checkbox"/> Other _____	<input type="checkbox"/> F7 <input type="checkbox"/> STP <input type="checkbox"/> SA71	



MEASURE WHILE SEATED

- 1-2 Clavicle Bone 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
- 8-9 Clavicle Bone to Top of Belt _____
 Cloth Tape

MEASURE BACK WHILE STANDING

- 10-11 Side Seam to Side Seam _____
 Cloth Tape
- 12-13 Shirt Collar Bottom to Belt _____
 Cloth Tape

Height _____
 Weight _____
 Bra/Cup Size _____
 Inseam _____

- A** Full Chest _____
B Under Bust _____
C Waist _____

Comments: _____

Full Name: _____
 Department: _____ Badge #: _____
 Address: _____
 City/State/Zip: _____
 Telephone #: _____ Email: _____
 Distributor's Name: _____