



# SURVIVAL ARMOR®

## FEMALE BODY ARMOR MEASUREMENTS

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

### GUIDELINES FOR MEASURING

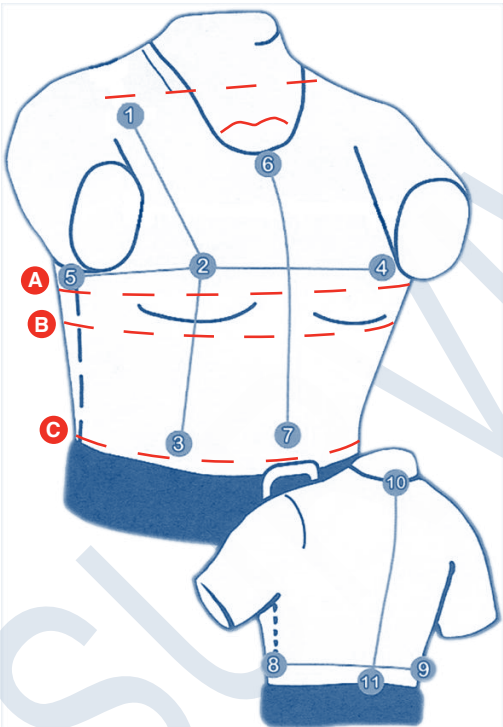
- Females should wear undergarments as would be worn with their uniform such as a T-shirt, bra, and duty belt.
- All front measurements should be taken while seated.
- **Tools needed:** cloth measuring tape and straight ruler.

**ALL INFORMATION MUST BE COMPLETE TO BE PROCESSED**

MEASURED BY _____
DATE MEASURED _____
PREVIOUS SIZE FRONT _____
PREVIOUS SIZE BACK _____

<b>TYPE OF PATROL</b> <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	<b>UNDERGARMENT WORN</b> <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 _____	<b>SIDE COVERAGE</b> <input type="checkbox"/> 1" OVERLAP <input type="checkbox"/> OTHER _____  <b>PROTECTION LEVEL</b> <input type="checkbox"/> II <input type="checkbox"/> IIIA	<b>MODEL</b> <input type="checkbox"/> FALCON 6 <input type="checkbox"/> PHOENIX 6 <input type="checkbox"/> PERFORMANCE 6 <input type="checkbox"/> OTHER _____ <b>PLATE</b> <input type="checkbox"/> L7 <input type="checkbox"/> STP <input type="checkbox"/> OTHER _____ 5x8      7x9	<b>CARRIER COLOR</b> <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 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

#### MEASURE BACK WHILE STANDING

8-9 SIDE SEAM TO SIDE SEAM \_\_\_\_\_  
CLOTH TAPE

10-11 SHIRT COLLAR BOTTOM TO BELT \_\_\_\_\_  
CLOTH TAPE

HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_

BRA/CUP SIZE \_\_\_\_\_

INSEAM \_\_\_\_\_

**A** FULL CHEST \_\_\_\_\_

**B** UNDER BUST \_\_\_\_\_

**C** WAIST \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

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

