

# SECOND CHANCE FEMALE BODY ARMOR MEASUREMENTS

**IF YOU ARE WORKING PLAINCLOTHES, PLEASE (✓) THIS BOX...**

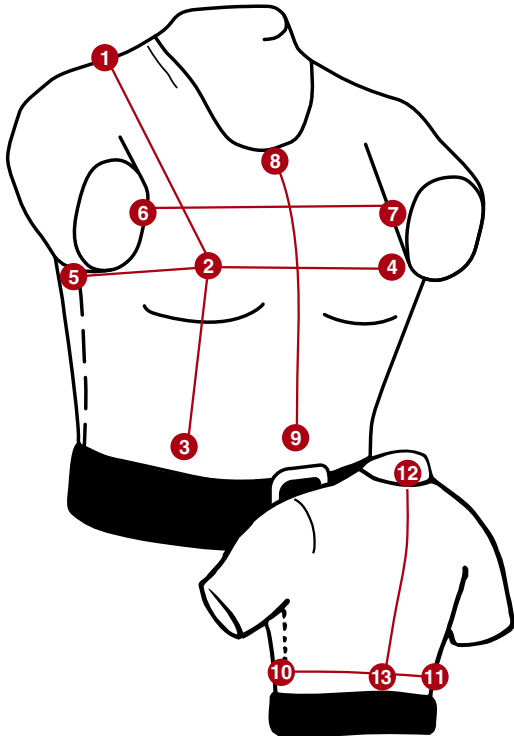
**READ CAREFULLY BEFORE TAKING THE FOLLOWING MEASUREMENTS**

1. HAVE **ANOTHER PERSON** MEASURE YOUR TORSO.
2. **PLEASE BE ACCURATE AND BE SURE TO COMPLETE ALL INFORMATION.**
3. **DO NOT OVER MEASURE.** Too big or too long results in unwearable armor.
4. **WEAR PROPER ATTIRE WHEN BEING MEASURED** (ie: brassiere, T-shirt and **WEAR YOUR DUTY BELT.**)
5. **SIDE COVERAGE PREFERENCE:** (<sup>CIRCLE ONE</sup>) a) BUTT FIT; b) 1/2" gap; c) 1" gap; d) 1 1/2" gap; e) OTHER \_\_\_\_\_
6. **DON'T HESITATE TO MAKE SPECIAL REQUESTS OR COMMENTS:** (i.e. special duties, bike patrol, K-9 unit, etc.)

MEASURED BY _____
DATE OF MEASURING _____

➔ **HEIGHT:** \_\_\_\_\_ ft. \_\_\_\_\_ ins. **WEIGHT:** \_\_\_\_\_ lbs. **WAIST:** \_\_\_\_\_ ins. **PANTS INSEAM:** \_\_\_\_\_ ins. **FULL CHEST:** \_\_\_\_\_ ins. ➔  
(use a cloth tape measure.) (full circumference across nipples)

**SPORTS BRA**  **BRA/CUP SIZE:** \_\_\_\_\_  
(36B, 38DD, etc.)



➔ **SEE MEASUREMENT LOCATIONS ON FIGURE**

- 1 - 2 SHOULDER SEAM TO NIPPLE.**  
(USE A STRAIGHT RULER.) \_\_\_\_\_ ins.
- 2 - 3 NIPPLE TO 1" ABOVE SERVICE BELT.**  
(USE A STRAIGHT RULER.) \_\_\_\_\_ ins.
- 2 - 4 NIPPLE TO NIPPLE.**  
(USE A STRAIGHT RULER.) \_\_\_\_\_ ins.
- 2 - 5 NIPPLE TO SIDE SEAM.**  
(USE A STRAIGHT RULER.) \_\_\_\_\_ ins.
- 6 - 7 ARMPIT TO ARMPIT**  
(USE A CLOTH TAPE MEASURE.) \_\_\_\_\_ ins.
- 8 - 9 STERNUM TO 1" ABOVE SERVICE BELT.**  
**START THIS MEASUREMENT FROM TOP OF STERNUM NOTCH.** (USE A CLOTH TAPE MEASURE.) \_\_\_\_\_ ins.
- 10 - 11 REAR MEASUREMENT. SIDE SEAM TO SIDE SEAM ACROSS BACK 2" ABOVE THE SERVICE BELT.**  
(USE A CLOTH TAPE MEASURE.) \_\_\_\_\_ ins.
- 12 - 13 BACK MEASUREMENT. FROM BOTTOM OF UNIFORM SHIRT COLLAR TO TOP OR SERVICE BELT.**  
(USE CLOTH TAPE FOR THIS MEASUREMENT.) \_\_\_\_\_ ins.

**EXTRA PROTECTION OPTIONS**

ARMOR PAC/PLATE SIZE 5"x8" 7"x10"

- |                               |                                |                                 |
|-------------------------------|--------------------------------|---------------------------------|
| T-15 Titanium II+ Metal Plate | <input type="checkbox"/>       | <input type="checkbox"/>        |
| MONARCH® Amor Pac             | <input type="checkbox"/>       | <input type="checkbox"/>        |
| GFX Armor Pac                 | <input type="checkbox"/>       | <input type="checkbox"/>        |
| ATX Amor Pac                  | <input type="checkbox"/>       | <input type="checkbox"/>        |
| IMPAC S.T.                    | 5"x7" <input type="checkbox"/> | 5"x8" <input type="checkbox"/>  |
|                               | 7"x9" <input type="checkbox"/> | 7"x10" <input type="checkbox"/> |

**BALLISTICS/STAB TYPE**

- |  |   |
|--|---|
| <input type="checkbox"/> MicroLite   | <input type="checkbox"/> T-2  |
| <input type="checkbox"/> Summit  | <input type="checkbox"/> Monarch 329®   |
| <input type="checkbox"/> Summit +P+  | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Legend XLT  | <b>THREAT LEVEL:</b> IIA <input type="checkbox"/> II <input type="checkbox"/> IIIA <input type="checkbox"/> |
| <b>SPIKE:</b> Spike 1 <input type="checkbox"/> Spike 2 <input type="checkbox"/> Spike 3 <input type="checkbox"/> |   |

**CARRIER INFORMATION**

- |   |                                     |                                   |
|---|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> APEX   | .....Tails <input type="checkbox"/> | No Tails <input type="checkbox"/> |
| <input type="checkbox"/> SPA+   | .....Tails <input type="checkbox"/> | No Tails <input type="checkbox"/> |
| <input type="checkbox"/> PR-4   | .....Tails <input type="checkbox"/> | No Tails <input type="checkbox"/> |
| <b>Carrier Colors:</b> White <input type="checkbox"/> Lt. Blue <input type="checkbox"/> Tan <input type="checkbox"/> Navy <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Olive <input type="checkbox"/> Gray <input type="checkbox"/> |                                     |                                   |
| <input type="checkbox"/> <b>DEEP COVER®</b> (DC) White only.  |                                     |                                   |
| Other: _____  |                                     |                                   |

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PLEASE PRINT  
 OFFICER'S FULL NAME \_\_\_\_\_ BADGE NO. \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ TELEPHONE NO. (     ) \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DISTRIBUTOR'S NAME \_\_\_\_\_