



Concealable Order Form



Department/Agency

Contact

Address

City, ST, ZIP Code

Phone Number

Officer's Name

Measuring Information

Females Only

Height Chest Front Length Standing Cup Size

Weight Waist Front Length Sitting Center to Center of Breast

Back Length Standing Center of Breast to Top of Gun Belt

Order Information

Vest Series Threat Level Trauma Insert

Number of Concealable Carriers Strapping System Color

Current Vest Info & Notes