



## BODY ARMOUR MEASURING INSTRUCTIONS

**NOTE:** 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 or armour will fail to fit,
3. **DO NOT OVER MEASURE.** Inaccurate measurements will result in non-wearable armour,
4. Wear proper attire when being measured (i.e. service shirt/t-shirt/and duty belt),
5. We can accommodate special requests (additional costs may apply).

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

**(1) CHEST CIRCUMFERENCE:** \_\_\_\_\_

(Measure Around the Chest at the Widest Chest Point)

**(2) DISTANCE BETWEEN SHOULDERS:** \_\_\_\_\_

(Measure Distance Between the Center of Each Collar Bone  
NOTE: This Is Where the Shoulder Straps Will Sit – Measure for comfort)

**(3) STOMACH CIRCUMFERENCE:** \_\_\_\_\_

(Measure Around the Stomach Directly on the Belly Button)

**(4) SIDE HEIGHT STANDING:** \_\_\_\_\_

(Measure the Vertical Distance from the Lateral Points of the Chest and Belly Button)

**(5) FRONT VERTICAL MEASUREMENT STANDING:** \_\_\_\_\_

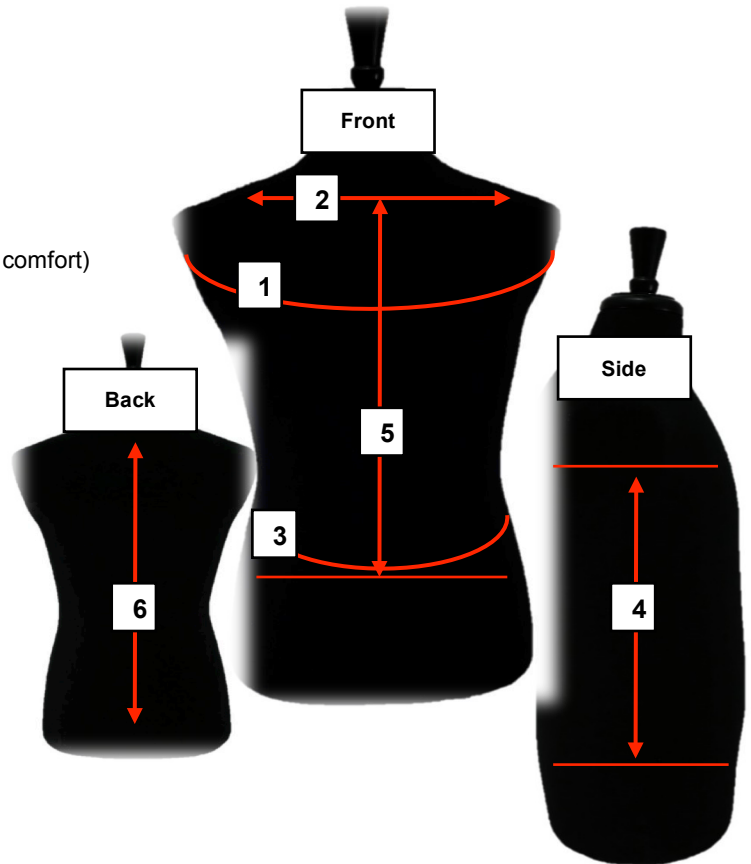
(Measure One Inch Below Clavicle to Belly Button)

**(5a) FRONT VERTICAL MEASUREMENT SITTING:** \_\_\_\_\_

(Measure One Inch Below Clavicle to Belly Button While in a Seated Position)

**(6) BACK MEASUREMENT:** \_\_\_\_\_

(Measure from the Base of the Neck Where the Protruding Vertebrae is Seen to the Small of the Back – Usually 2" Above Duty Belt)



First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Prov/State: \_\_\_\_\_

Postal Code/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Carrier and Style: \_\_\_\_\_

Color: \_\_\_\_\_

Threat Level: \_\_\_\_\_

Serial Number: \_\_\_\_\_

I have read the instructions and fully provided the correct and required measurements. I fully understand that this is a size specific order and deemed a **“SPECIAL ORDER”**. All **“SPECIAL ORDERS”** are **“NON-CANCELLABLE, NON-RETURNABLE, NON-REFUNDABLE”**. Special Orders will require either a company approved PO or payment in full.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_