



VEST ORDER and SIZING FORM

Protective Apparel Corporation of America
 179 Mine Lane * Jacksboro, TN 37757
 (423) 562-1115 * Fax (423) 562-1531

Purchase Order #: _____
 Date: _____

BILL TO information

Company/Agency _____
 Attention _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Your Signature _____

SHIP TO information

Company/Agency _____
 Attention _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

ORDERING INFORMATION

MODEL #	COLOR	SIZE

OFFICER'S NAME _____

OPTIONAL ITEMS

Extra Carrier 5"x8" Flexi-Shield Plate Armor Ice
 Quilted Winter Outershell 5"x8" Steel Trauma Plate Small Carry Bag
 MAC Carrier P.A.C.A. Comfort Shirt

Your Height: _____

Your Weight: _____

Bra and Cup Size: _____



Measure around the back and chest at the widest point.
 Usually at point of breast.

Sitting in a chair, measure from second shirt
 button of uniform to navel.

Measure the girth around the back and stomach
 at the navel (or widest part of girth).

CHEST _____
CHEST

FRONT _____
SITTING FRONT

WAIST _____
WAIST



ARMOR SIZING

This Chart is a aid to determine size
 to ensure proper fit contact SRT Supply

