



# DAVE'S UNIFORMS LLC

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## CUSTOMER INFORMATION SHEET

Last Name

First Name

M/I

Suffix

Mailing Address

City

State

Zip Code

Billing Address

City

State

Zip Code

Month of Birth

D.O.B. (optional)

Radio/Badge #

Contact E-mail

Contact Name

Contact Phone

Agency

Department

Patrol

K9

Detective

Admin

Other

Agency Telephone

Agency Fax

**Hat Size**

7  7 1/4  7 1/2  7 3/4  Other

**Duty Belt**

Belt Size

Belt Style

Leather

Web

Weave

Plain

Basket

**Gloves**

XS  SM  MD  LG  XL  2X

**Dominant Hand**

Left

Right

**Shoes**

Size

Style

**Duty Weapon**

**Backup Weapon**

**Holster Style**

**Knife**

Yes

No

**Knife Style**

**Vest Info**

Style

Ballistic Level

II

III

IIIA

IV

Front Panel Size

Rear

Trauma Plate Size

5x8

7x10

**Shirt**

Polo Size

XS

SM

MD

LG

XL

2X

3X

Other

Sleeve Length

Collar Size

Tie Length

**Pant**

Waist Size

Inseam Length

Style

Special Instructions

**NOTE:** Please fill out all fields accurately. Use a fabric tape measure and have partner do the measuring. **DO NOT** measure yourself. If you have any questions please CALL us. Measure while wearing gear to get proper sizing and fit. No returns on custom sized items.