

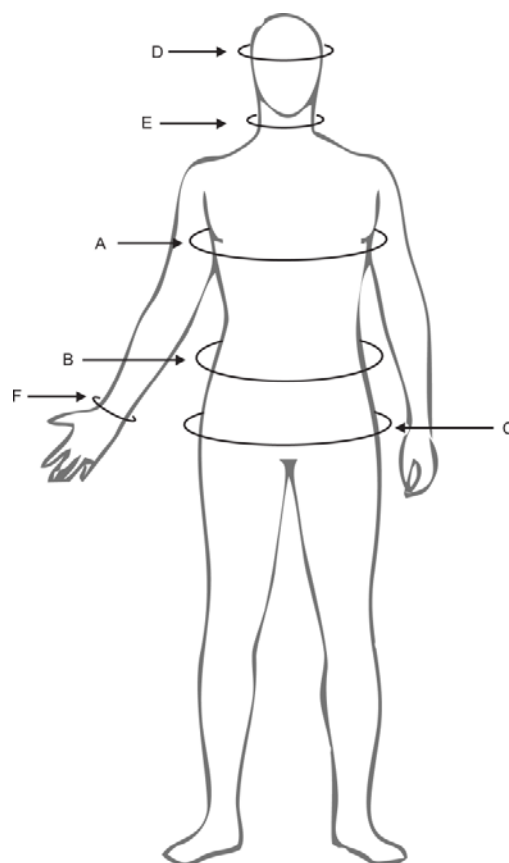
## STANDARDIZED EQUIPMENT PROGRAM MEASUREMENT FORM

### APPLICANT INFORMATION

NAME (Last, First MI)	NAME of AGENCY / UNIT	DATE	
WORK ADDRESS	CITY	STATE	ZIP
E-MAIL ADDRESS	PHONE NUMBER	FAX NUMBER	

### MEASUREMENTS (use soft measuring tape, pull tape snugly)

GENDER			<input type="radio"/> FEMALE	<input type="radio"/> MALE
GLOVE SIZE			<input type="radio"/> S	<input type="radio"/> M
			<input type="radio"/> L	<input type="radio"/> XL
			<input type="radio"/> XXL	
HEIGHT	ft.	in.		
WEIGHT		lb.		
CHEST / BUST (A)		in.		
WAIST (B)		in.		
HIPS (C)		in.		
HEAD CIRCUMFERENCE (D)		in.		
NECK CIRCUMFERENCE (E)		in.		
WRIST CIRCUMFERENCE (F)		in.		
SHOE SIZE		<input type="radio"/> FEMALE	<input type="radio"/> MALE	



### COMMENTS

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### AUTHORIZATION

DIVER NAME	DIVER SIGNATURE	DATE
UNIT DIVING SUPERVISOR NAME	UNIT DIVING SUPERVISOR SIGNATURE	DATE

### SUBMISSION INSTRUCTIONS

Submit this form to NDC via facsimile as soon as possible. The SEP fax number at NDC is (206) 529-2757.