This section for The F.I.R.M. use only.

Order #	

This form must be filled out

Firefighter PPE Alteration & Customization Form

Department		Phone #	
PPE Officer Contact		E-mail	
F.D. address (for return shipping)			
Name (First & Last)		PO #	
Rank		Shift	
ID #		Station #	

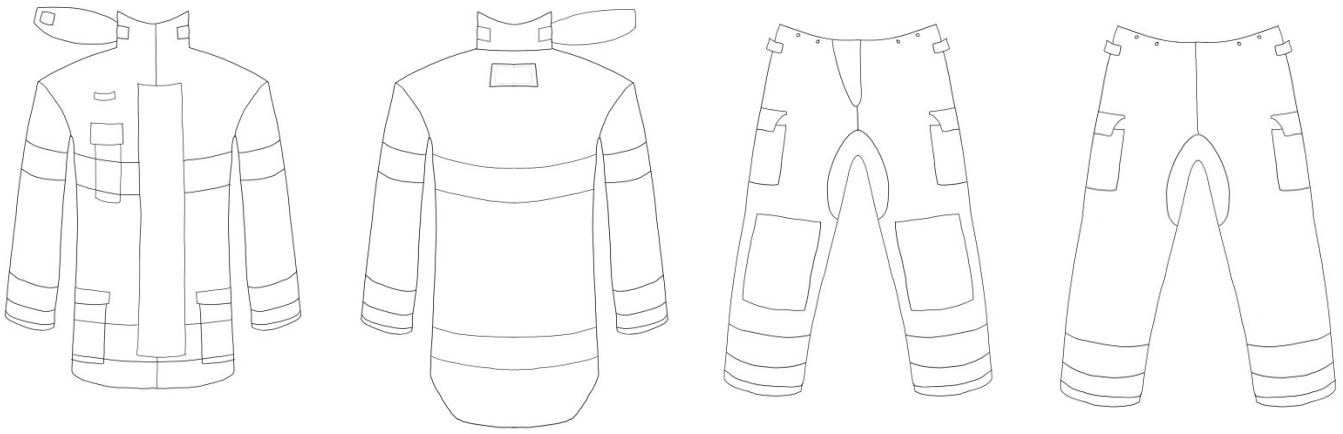
Please fill out to the best of your knowledge as the information will be used for tracking purposes and NFPA reports supplied to your department.

PPE items sent in, please check all that apply

Item	QTY	New from factory	Used will need cleaning	Type of Contaminants	Repair if needed	Please Note Misc.	Alteration Current size	Alteration New size
Coat Ser#		☐	☐		☐	DRD Yes ☐ No ☐		
Pant Ser#		☐	☐		☐	Susp. Yes ☐ No ☐		
Hood					☐		Customization notes:	
Helmet					☐			
Gloves					☐			
Boots					☐			
Mask								
Gear Bag								

**Please perform a complete pockets check and remove all miscellaneous items before shipping your PPE. The F.I.R.M. takes great care in itemizing inventory of pocket contents, but will not be held responsible for missing miscellaneous items.*

Please indicate customization / special instructions & any damage found that need particular attention.



Signature: _____ Date: _____

**By signing you have verified that all items stated above have been sent in for cleaning and repair. Any paperwork not filled out will not be processed.*

Shipping address: #C 5 – 624 Beaver Dam Rd NE, Calgary AB T2K 4W6 403.451.9201