

RETURN TO:
Shelby Specialty Glove
5321 East Shelby Drive
Memphis, TN 38118

SHELBY SPECIALTY GLOVES FIRE GLOVE WEAR TEST APPLICATION FORM

PH. 800-888-3598
FAX 901-362-9127
e-mail address sales@shelbyglove.com

Submitted			
By: _____	Date: _____		
Phone # _____			
Dealer Name / Shipping Info.			
Name / Address	Shipping Address		
_____	_____		
_____	_____		
_____	_____		
Tel.# _____	Fax# _____	Tel.# _____	Fax# _____
Fire Department:	# of Firefighters: _____		
Coordinating Officer's Address: _____	Dept. Type: _____		
_____	Career _____		
_____	Volunteer _____		
_____	Combination _____		
Tel # _____	Fax # _____	Email _____	
Glove To be tested:	Style # _____	Size _____	
What is the Dept. wearing now? _____			
Do your turnout coats have wristlets or hand and wrist guard / thumb hole? _____			
Gloves Brand/Model _____			
Is the Dept. already Field Testing Gloves? _____			
Comments: _____			

Everything on this form must be completed before application will be considered