

# HALO PARTICULATE HOOD WEAR TEST REQUEST

## The policy and terms of WEAR TEST POLICY for HALO PARTICULATE HOOD include:

- Approval of HALO PARTICULATE HOOD WEAR TEST will depend on criteria set by Majestic Fire Apparel, Inc.
- Majestic Fire Apparel, Inc. reserves the right to approve or deny halo particulate hood wear test request
- WEAR TEST requests must come from an established DEALER of Majestic Fire Apparel, Inc.'s products
- Limit of one HALO PARTICULATE HOOD WEAR TEST request permitted per Fire Department
- Majestic Fire Apparel, Inc. reserves the right to contact the Fire Department directly to verify the trial
- The number of HALO PARTICULATE HOODS approved for WEAR TEST will depend on criteria set by Majestic Fire Apparel, Inc.
- The number of HALO PARTICULATE HOODS approved for WEAR TEST may be different than quantity requested
- WEAR TEST HALO PARTICULATE HOODS will be offered at no charge, unless the terms of the policy are not met
- WEAR TEST HALO PARTICULATE HOODS are provided for a maximum trial period of 3 months before evaluation feedback is required.
- WEAR TEST HALO PARTICULATE HOODS can only be shipped to the DEALER below (we will not ship directly to Fire Department)
- DEALER is responsible for the shipping charges of WEAR TEST HALO PARTICULATE HOOD (invoice will be sent to DEALER for shipping charges)
- WEAR TEST HALO PARTICULATE HOOD shall not be resold or used for any other purpose other than field trials at the Fire Department of record below
- EVALUATION FORMS must be collected and returned to Majestic Fire Apparel, Inc. at the end of the trial period by the DEALER listed below. EVALUATION FORM(s) must be completed by Fire Department and returned by the DEALER to either:

Email: [rforte@majhoods.com](mailto:rforte@majhoods.com)

OR

Mail To: Majestic Fire Apparel, Inc.

Attn: Rebecca Forte

PO Box 248

Lehighton, PA 18235

- If EVALUATION FORMS are not returned at the end of the 3-month trial period, Majestic Fire Apparel, Inc. will invoice DEALER for the full amount of the WEAR TEST product provided.

## By completing the below - I acknowledge that I, the DEALER, have read, understand, and agree to the terms of this HALO PARTICULATE HOOD WEAR TEST POLICY.

Date

DEALER company name (please print)

DEALER representative (please print)

DEALER representative email (must be company email)

DEALER representative contact phone number

DEALER shipping address

(Must be DEALER address, we will not ship direct to the Fire Department).

---

---

---

---

---

---

---

---

## HALO PARTICULATE HOOD WEAR TEST REQUEST (to be completed by DEALER, not Fire Department) (please print):

Fire Department requesting WEAR TEST

Requesting Fire Department address (city, state, zip)

Requesting Fire Department contact name and title

Requesting Fire Department contact phone number

Requesting Fire Department email address

Requesting Fire Department number of Active Firefighters

FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_ VOLUNTEER: \_\_\_\_\_

HALO PARTICULATE HOOD requested for WEAR TEST (Indicate quantity requested)

\_\_\_\_\_ HALO 360 C6

\_\_\_\_\_ HALO 360 NB WHITE

\_\_\_\_\_ HALO SPZ C6

\_\_\_\_\_ HALO SPZ NB WHITE

## HALO PARTICULATE HOOD WEAR TEST REQUEST STATUS (to be completed by Majestic Fire Apparel, Inc.)

Majestic Fire Apparel, Inc. representative

HALO PARTICULATE HOOD WEAR TEST REQUEST status (approved / denied)

HALO PARTICULATE HOOD WEAR TEST quantity approved

Date

---

---

---

---