

**UNIFORM AND PERSONAL EQUIPMENT FIELD TESTING ACCEPTANCE
CHICAGO POLICE DEPARTMENT**

MANUFACTURER	MODEL	SIZE	COLOR
--------------	-------	------	-------

DESCRIPTION

NAME (Last-First-M.I.)	STAR NO.	EMPLOYEE NO.	RANK/JOB TITLE
------------------------	----------	--------------	----------------

SEX	RACE	DATE OF APPOINTMENT	UNIT OF ASSIGNMENT	DAYTIME TELEPHONE NO.
-----	------	---------------------	--------------------	-----------------------

HOME ADDRESS	ZIP CODE
--------------	----------

MEMBER'S SIGNATURE	DATE
--------------------	------

ISSUED BY: MEMBER'S SIGNATURE	STAR NO.	DATE	DISPOSITION OF ITEM	DATE
-------------------------------	----------	------	---------------------	------

CPD-15.525 (2/14)