

CtPoliceSupply.com

APPROVAL FORM

To proceed, print this form. Fill out the information and include a photocopy of your employment ID and fax it to us. Once received, this information is put on file for future purchases of restricted items. Information is subject to verification. No product will be shipped until information is received. All information submitted is considered confidential.

CtPoliceSupply.com Order # _____

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____

Agency/Employer: _____

Address _____ Phone: _____

I certify and confirm that I am a legal adult (18 years or older) and I am not a felon or have a criminal record. I am authorized to purchase and possess the product ordered.

Signature: _____ Date: _____

Attach photocopy of front and back of your agency/employer ID card here:

Fax this form to: 860-666-2606

**Or mail to: CtPoliceSupply.com Customer Service • 105 Fenn Rd.,
Newington, CT 06111**