



SHIELD ARMS

Test & Evaluation Request Form

Law Enforcement & Military Programs

Organization Information

Name of Organization/Entity:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Point of Contact:

Request Details

Product(s) Requested for Evaluation:

Date Product Needed for Testing:

Who is Performing the Evaluation:



Opportunity Size (anticipated order quantity):

Date of Request:

Agreement

I guarantee the return or purchase of this T&E product within 60 days of receipt unless otherwise agreed upon by Shield Arms.

Printed Name:

Signature:

Date:

T&E Program Requirements

1. **Return Policy:** Please return the T&E product immediately after testing or within 60 days from ship date, whichever comes first.
2. **Extension or Purchase:** If you require more time for evaluation or would like to purchase the product, please contact our MIL/LE Sales team at mil-le@shieldarms.com or call **406-837-3147**.
3. **Shipping:** All firearms must be shipped directly to the address of a valid FFL.
4. **Evaluation Report:** We appreciate feedback on product performance. Please share your evaluation results with our team.

Shield Arms | 12090 MT HWY 83, Bigfork, MT 59911 | 406-837-3147 | mil-le@shieldarms.com