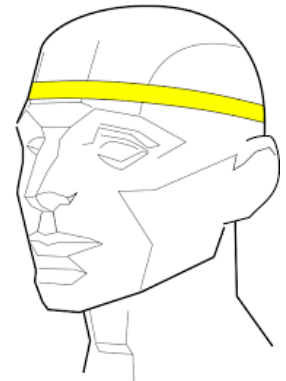


LMT HELMET SPECS FORM
(please complete in block capitals)

Name:	Ref. to:	Date:
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Head Size: _____ cm/inch



Helmet Model	<input type="checkbox"/> PILOT <input type="checkbox"/> TECH <input type="checkbox"/> MEDIC
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Shell Color	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other: Color _____ RAL _____
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Color Type	<input type="checkbox"/> Gloss <input type="checkbox"/> Matte <input type="checkbox"/> High Visibility
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Customized Logo / Name	<input type="checkbox"/> No <input type="checkbox"/> Yes Description _____ _____
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Inner visor	<input type="checkbox"/> Clear <input type="checkbox"/> Orange
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Outer visor	<input type="checkbox"/> Dark <input type="checkbox"/> Green <input type="checkbox"/> Silver
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Impedance	<input type="checkbox"/> Low impedance <input type="checkbox"/> High impedance <input type="checkbox"/> Electrect
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Downlead cable	<input type="checkbox"/> Coiled <input type="checkbox"/> Straight Plug type: _____
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Comms Note	NOTE: _____ _____
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Accepted by: _____