

# LaserMax

Law Enforcement Testing & Evaluation

## Request Form

If your department is interested in obtaining a LaserMax sample for range and field trials, please print out this form, complete all fields, and fax to (585) 272-5427. Please note that all fields must be completed for your request to be processed. Verbal confirmation will also be required; please list an alternate daytime number if possible. Due to the fact that there are a limited number of T&E units, requests will be filled on a first come, first served basis. After your 30-day T&E period has elapsed, you will have the option to return the LaserMax unit, or purchase it at a law enforcement discounted rate (\$249-\$289 depending on model).

Department/Agency Name:		
Number of Sworn Officers:		
Street Address:		
City:	State:	Zip:
Department Contact:		Rank:
Daytime Phone:		Alternate Number:
Fax Number:		Email:

LaserMax requested for:  
*(Specify gun make & model)*

What firearms are issued or authorized by your department? *List below.* Include backup guns, if applicable.

MAKE/MODEL	CALIBER	USE (primary, backup)	ISSUED?	AUTHORIZED?
			yes no	yes no
			yes no	yes no
			yes no	yes no
			yes no	yes no
			yes no	yes no

How did you hear about LaserMax?

What do you hope to accomplish through this Test & Evaluation?	<input type="checkbox"/> Agency-Wide issue <input type="checkbox"/> Tactical Team issue <input type="checkbox"/> Firearms Training/Instruction <input type="checkbox"/> Authorized for Individual Purchase <input type="checkbox"/> Other (please specify) _____
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## FAX TO (585) 272-5427

# AGENCY APPROVAL

This T&E request must be approved by agency head or another member of command staff named immediately below.

I, \_\_\_\_\_, authorize the 30-day test & evaluation of the LaserMax laser sight(s)  
(Print Name)  
requested. I have read and agree to LaserMax's terms, and understand that the Test & Evaluation sample/s must be returned to LaserMax after 30 days, unless we choose to purchase the unit/s.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Rank/Title: \_\_\_\_\_

## ACCOUNT INFORMATION

**PLEASE NOTE:** In order to process your request, LaserMax requires that either a trial P.O. from your agency or a Credit Card be on file. The sample LaserMax sight/s will be provided to your department at NO CHARGE for test and evaluation purposes. At the end of your 30-day T&E period, you will have the *option* to purchase the product at a discount price. **Your account will not be billed unless you decide to keep the product.**

Trial Purchase Order #: \_\_\_\_\_

### Credit Card Information:

circle one:

Visa

Mastercard

Discover

American Express

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name: (as it appears on card) \_\_\_\_\_

Signature: \_\_\_\_\_

Comments or Special Instructions:

**TERMS:** LaserMax will loan one or more sample laser sighting systems to qualifying law enforcement departments under the following conditions; (1) All fields on this request form must be completed; (2) A department representative will be assigned to complete the *Product Feedback Form* included with T&E unit/s; (3) After the 30-day trial period elapses, the department representative will notify LaserMax if the unit/s will be purchased or returned; (4) This Test & Evaluation is subject to the condition that LaserMax, Inc. shall not be responsible for injury, death, or damage to property resulting from careless handling, improper or incorrect installation, unauthorized repairs or adjustments, use of ammunition other than SAAMI or NATO specifications, use of wrong caliber ammunition, use of ammunition other than original high quality commercially manufactured ammunition in good condition, neglect, unreasonable or unsafe use, or any combination thereof.

### For LaserMax internal use only:

Date of Request: \_\_\_\_\_

Notes: \_\_\_\_\_

Account Manager: \_\_\_\_\_

Order #: \_\_\_\_\_

Serial #: \_\_\_\_\_

Ship Date: \_\_\_\_\_

Return Date: \_\_\_\_\_