



Accessory Approval Request

Name: _____

Phone: _____ E-mail: _____

Title: _____

Organization: _____

Organization Address: _____

Number of helmets receiving this accessory: _____

Model to receive accessory:

☐ AX (ARFF) ☐ FX ☐ LT ☐ PX ☐ Wildfire ☐ UST ☐ USRX

Trade name of accessory: _____

Model / Part number of accessory: _____

Accessory manufacturer: _____

! A sample of the accessory to be used MUST be submitted with this form. Bullard requires this to evaluate the compatibility of the accessory and its optimal use with the helmet. Sample will not be returned.

Submit to:

Bullard
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Cynthiana, KY 41031-9303

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