



# 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

**Americas:**  
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