



CUSTOMER VERIFICATION FORM

A valid and current copy of ID must be submitted alongside this completed form with every purchase.

This form **MUST** be submitted with every purchase to: Shadow Systems at patriotprotector@shadowssystemscorp.com and to the distributor.

The Patriot + Protector Program is available to the following eligible individuals with proper identification:

- Sworn LEO (Law Enforcement Officers) State, County and Local
- Federal LEO: F.B.I., U.S. Marshals, DEA, DHS, etc.
- A cadet or recruit in an approved Law Enforcement Training Academy with proof of attendance or acceptance to Academy
- Corrections Officers, including Parole and Probation Officers
- Retired LEO with "retired" credentials including Federal, State, County and Local
- State Licensed Security Companies and State/City Licensed Security Officers
- Federal Flight Deck Officers
- Court Judges, District Attorneys and Deputy District Attorneys
- First responders including firefighters and rescue personnel with appropriate I.D.
- Military: Active, Retired, Active-Reserve, Disabled in any capacity, Active – Nat'l Guard, Veteran with DD-214

I, _____ swear or affirm, under penalty of perjury, that
(Printed Name of LEO, Military Member, or First Responder)

I am a(n) _____ employed by _____
(Title/Rank/Retired) (Employer)

I would / would not (circle one) like to opt in to email communications related to Law Enforcement and Military products from Shadow Systems. _____
(Email address if opting in)

The Shadow Systems Product identified below is being purchased by me for on- or off-duty use and is not being purchased for resale.

Model

SKU

Serial Number

Buyer Signature

Date

Dealer Name

Retail Salesperson Verifying Credentials (Print Name)