



Test and Evaluation (T&E) program for Law Enforcement, Military and Government Agencies.

SUMMARY

We understand that oftentimes you are unsure whether or not any given product will meet your operational requirements. Essentially you need to "borrow" the item to do a test and evaluation.

Test and Evaluation (T&E) Request for the Polarion HID Products

STEP BY STEP

1. Identify the product by Model number you wish to test. A T&E request must be submitted on agency letterhead, even if the initial T&E request is done face to face. This letter needs to be signed by a Commanding Officer or competent authority. The letter also needs to be signed by the purchasing officer or equivalent individual. The accountability information in **Attachment A** must also be included with this request.
2. The request and accountability information must be faxed – Attention to the Govt/LE/Military Division. **Fax Toll Free: 866-210-9108. Please send a Hardcopy** to the business address listed below.
3. You will be notified shortly after receipt of the request as to the approval/disapproval of that request. All approved T&E orders will receive free shipping.
4. Only one (1) of each SKU will be shipped out on a T&E. Multiple quantities of the same product will be subject to additional approval.
5. The testing time is for a period of 60 days. If you need additional time, you must call us and request an extension. Toll Free: **866-901-HIDS (4437)**. The time frame for testing starts upon receipt of the light based on tracking information provided by the shipping service.
6. If you do not return the demo light, your agency will be charged full retail based on the price listed on www.polarion-store.com at the date of receipt and invoiced accordingly. Any merchandise that is returned to us must be in undamaged and workable condition.
7. You will need to complete the T&E Return Questionnaire that will be provided when returning the item at the conclusion of your evaluation. This information will assist us in determining how to improve our products. We hope this program helps you determine what is best for your personal and team requirements.

Attachment A
Evaluation Custody/Accountability Information
(Must be provided at the time of the Request)

Requesting Individual

Name:

Department/Agency:

Address:

City:

State: ZIP:

Phone Number:

Fax Number:

E-mail:

Signature:

Purchasing Officer

Name:

Department/Agency:

Billing Street Address:

City:

State: ZIP:

Phone Number:

Fax Number:

E-mail:

Signature: