



# TACTICAL COMMAND INDUSTRIES, INC.

**EAST COAST DIVISION:**  
P.O. Box 70  
Gilmanton, NH 03237  
(603) 418-8705 tel.  
(866) 255-9414 fax

**MIDWEST SALES  
DIVISION:**  
(317) 861-1740 tel.  
(866) 255-9414 fax

**WEST COAST DIVISION:**  
2101 West 10th Street  
Bldg. G  
Antioch, CA 94509  
(925) 219-1097 tel.  
(925) 756-7977 fax

TACTICALCOMMAND.COM

# TACTICAL COMMAND

## EVALUATION LOAN AGREEMENT

Thank you for your interest in our products. The purpose of this agreement is to allow TCI to loan your agency/team up to two tactical headsets for testing and evaluation purposes.

**Point of Contact:**

Don Medine  
(603) 418-8705 x 108  
(866) 255-9414 (Fax)  
Email: [don.medine@tacticalcommand.com](mailto:don.medine@tacticalcommand.com)

**Please Return Equipment To:**  
Tactical Command Industries Inc.  
2101 West 10<sup>th</sup> Street, Suite G  
Antioch, CA 94509  
Tel. (925) 219-1097

**Evaluation Program Terms/Conditions:**

1. The duration of the evaluation period should not exceed (30) days without authorization from TCI.
2. Your evaluation will occur within the continental U.S. or Hawaii and product will not be used or transported outside the U.S.A. at any point during the evaluation period.
3. The individual requesting the product/s for evaluation is considered an authorized representative of the agency they are affiliated and responsible for the care and timely return of the product/s loaned for evaluation, at their expense, using a professional shipping carrier.
4. The evaluated communication product/s must be returned in like-new condition.
5. The requesting agency assumes responsibility for the value of the evaluated equipment in the event of loss, theft or damage.
6. The evaluated equipment shall not be altered, damaged, disassembled, modified or otherwise adapted in any way without our authorization.
7. The requesting agency may be billed for the evaluated hardware if there be a violation of these terms and conditions. A usage fee may be charged if the duration of the evaluation extends beyond that authorized by TCI and/or necessary to sufficiently evaluate the product/s.
8. The evaluating agency agrees to submit written feedback after the headset evaluation has been completed using our evaluation feedback form or an agency letter. We appreciate a brief description of your testing procedure, findings and recommendations to that we can better serve our customers in the future.
9. Please contact us if you have any special needs, time-line or requirements.
10. After submitting this online form, you will receive an automated email response acknowledging your request has been submitted. You must print this automated response, have it signed/endorsed by a ranking official from your organization and faxed back to us. Evaluation requests cannot be processed without fax validation and proof of agency approval.
11. Complete adherence to the published terms and conditions is required due to improper conduct of a small percentage of individuals previously participating in the evaluation program. It is our intention to support your request for evaluation to the best of our ability despite prior complications.

**TEST AND EVALUATION (T&E) AGREEMENT:**

1. Headsets currently used by your team: \_\_\_\_\_
2. Your unit is considering a purchase of \_\_\_\_\_ headsets?
3. Expected Purchase Date: \_\_\_\_\_
4. Your radio make/model: \_\_\_\_\_
5. Your team uses \_\_\_\_\_ gas masks (if any).
6. The date your unit would like to conduct the evaluation: \_\_\_\_\_
7. Agency Name/Affiliation: \_\_\_\_\_
8. Street Address: \_\_\_\_\_
9. City, State, Postal Code: \_\_\_\_\_
10. Person responsible for this T&E agreement: \_\_\_\_\_
11. Telephone Number: \_\_\_\_\_
12. Fax Number: \_\_\_\_\_
13. Email Address: \_\_\_\_\_
14. How did you find out about TCI: \_\_\_\_\_
15. Headset model(s) of Interest: \_\_\_\_\_
16. COMMENTS: \_\_\_\_\_

By signing this form, I understand that the equipment is being sent for temporary loan and agree to the terms and conditions described. I also understand that I am responsible for the equipment provided by TCI, its care and its timely return. I understand that failing to return the headset places TCI in a position that will result in an invoice and copy of this agreement being sent to your agency. Please remain mindful of the fact other agencies may be waiting to evaluate the equipment you will be evaluating. Your interest in TCI products and cooperation is truly appreciated.

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date