



URBAN ADVANTAGE

TACTICAL SYSTEMS

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EVALUATOR NAME							
Evaluation Date / /		PROFESSIONAL AFFILIATION					
P/F	EVAL-LIST	Comments					
	RECOIL REDUCTION	1	2	3	4	5	1=needs improvement 5=excellent
	TAKE DOWN	1	2	3	4	5	
	VELOCITY	1	2	3	4	5	
	BALANCE	1	2	3	4	5	
	LIGHT PLACEMENT	1	2	3	4	5	
	FUNCTIONALITY	1	2	3	4	5	
	EXPOSE CARRY	1	2	3	4	5	
	CONCEILED CARRY	1	2	3	4	5	
	RELIABILITY	1	2	3	4	5	
	USER FRIENDLY	1	2	3	4	5	
	COMPATIBILITY	1	2	3	4	5	
	PRICE	1	2	3	4	5	
Other Comments:							
Evaluator's Signature _____							
/ /							