

# Cairns® Fire Helmet Accessory Use Request Form

Name: .....

Phone Number: ..... Email Address: .....

Title: .....

Organization: .....

Organization Address: .....

Number of Helmets Accessory to be used on: .....

Style of Helmet Accessory to be Used on:

Houston N6A

N5A New Yorker

880 Tradition

Cairns 1010

Cairns 1044

Classic 1000

Metro 660C

Phoenix 660

Invader 664

Intruder 990

Structural 360S

HP3 Commando

Rescue 360R

Other .....

Trade Name of Accessory: .....

Model/Part Number of Accessory: .....

Manufacturer of Accessory: .....

**Note:** A sample of the accessory must be submitted with request form. Accessories cannot be evaluated without a sample to analyze. Submitted samples will NOT be returned after evaluation.

**SUBMIT  
REQUEST TO**

**MSA**  
Attn: Product Line Manager, Cairns Helmets  
1100 Cranberry Woods Drive • Cranberry Township, PA 16066

