WAR PRODUCTION BOARD

			PKEFEK	ENCE KATING	CERTIFICATE	
					WPB Serial No.	-
		MAIN OF	FICE ADDRESS	BE FILLED OUT BY	APPLICANT RECEIVING PLANT ADDRESS	
	Depai	rtment of 1	hysical Edu	ucation	University of Kansas	
		Legal name of applications	cant) (Type or Print C	Clearly)	Lawronco (Street)	
	Lawrence		(Street) Kansas		Kansas (City)	
	icant's f. No.			(State) 5. 1942 Type of Business	University (State)	
ITEN	MS COVERE	D BY THIS C	ERTIFICATE—I	List for each item:		=
* Rec	quired Delivery Date Mo. Year	Quantity and Unit of Each Shipment	Value Each Ship- ment (Actual or Estimated)	FULL DESCRIPTION OF	SINGLE CLASS OF MATERIAL (OR CAPITAL EQUIPMENT) REQUIRED BY APPLICANT	
	5000.488		\$170.00	tool, one tool, one tool, wood handle	odel TUEC Vacuum Cleaner for ool, consisting of the cleaning of foot brass handle, one 7 foot o, 50 feet of lg inch rubber i rubber lined hose with bronze 7 floats and one inlet	
					arel or retroop of the particle boot	
*1	Delivery date(s) s	pecified in purchase	order(s) must not be es	arlier than above Required Deli	ivery Date(s).	1日の日本地
PRICINGIANSI 1. (a (b) 2. Ti	ORITIES REASSIGNED. ST IN EXT he Preference Deliveries physically Priorities Material while livery or, he person to Preference Rapurchase ord	GULATION N ALL OF ITS ENSION OF Rating assigned of material whi y incorporated Regulation No nich is neither g within the lim whom this Cert ating assigned l	o. 3 GOVERNS TERMS MUST PREFERENCE d by this Certification will itself be into material to a state in quantity itations of Priority itations of Priority itations of Priority itations of herein to his pure ivalent document.	THE ISSUANCE OF THE BE OBSERVED. THE RATINGS: ate may be extended only ultimately delivered properties and the second of the sec	THIS CERTIFICATE AND THE PREFERENCE RATE FOLLOWING INSTRUCTIONS ARE PROVIDED TO y to: ursuant to the original preference rating, or which will be hich will be used within the limitations of paragraph (e) or	e of e n

"Preference Rating ______ is hereby applied pursuant to Certificate PD-1A, Serial No. (s) ______ in accordance with Priorities Regulation No. 3, with which I certify I have complied. (Applicant, supplier, or subsupplier) (Address)

(Signature and title of official)

(TO BE FILLED OUT BY THE DIRECTOR OF INDUSTRY OPERATIONS)

THE FOLLOWING PREFERENCE RATING IS HEREBY ASSIGNED TO THE ITEMS IN THE QUANTITIES COVERED BY LHIS CELLILICALE: ver each point of information completely. If no answer is applicable, write NONE alongside of number.

To: DIRECTOR OF INDUSTRY OPERATIONS, Washington, D. C.

WEBLICVIICH EOR PREFERENCE RATING

(E. O. 9024, Jan. 16, 1942, 7 F. R. 329, E. O. 9040, Jan. 24, 1942, 7 F. R. 527; Sec. 2 (a), Public No. 671, 76th Cong., 3d Sess. as amended by Public No. 89, 77th Cong., 1st Sess.)

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Information Necessary for Consideration of