

4/1/42

COPIES OF THIS FORM ARE BEING DISTRIBUTED BY THE BUREAU OF INDUSTRY OPERATIONS TO THE STATES AND TERRITORIES FOR THE PURPOSE OF ASSISTING IN THE PREPARATION OF APPLICATIONS FOR PREFERENCE RATINGS.

Information Necessary for Consideration of APPLICATION FOR PREFERENCE RATING

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

List all numbers and cover each point of information completely. If no answer is applicable, write NONE alongside of number.
READ INSTRUCTION SHEET CAREFULLY BEFORE PREPARING APPLICATION.

Number	IDENTIFY EACH STATEMENT BY NUMBER WITH CORRESPONDING NUMBER ON PD-1A—INSTRUCTION SHEET
1.	Description of TUEC No. 700 Hand Model Swimming Pool Cleaner: The handles are furnished in sections of 7½ feet each made of 1½ inch diameter brass tubing with bronze connections. These handles are attached to the cleaning tool and also connected together by slip connections with bronze clamps which eliminates the possibility of their coming apart while the cleaner is being used. TUEC 1½ inch inside diameter, specially constructed, rubber covered, rubber lined, reinforced hose is furnished. The inlet for connecting the cleaner to the piping is made of bronze with smooth taper to fit tapered terminal of the hose. A bronze plug is furnished for closing the inlet when not in use. The copper floats furnished for suspending the hose on the top of the water are 6½ inches in diameter and are complete with clamp for attaching to the hose.
2.	Used for cleaning swimming pool. Pool to be used every school day from 8:30 a.m. to 5:30 p.m. for classes in physical conditioning (men and women students). Most men students at the University are registered for Selective Service or members of the various enlisted reserve services of the armed forces of the United States. The Navy Mechanics stationed at the University of Kansas use the swimming pool facilities.
3.	None.
4a.	None.
b.	"
c.	"
5.	University of Kansas
a.	one (only) P.R. # 26346
6.	None. Can be supplied with priority rating.

RECEIVED BY THE BUREAU OF INDUSTRY OPERATIONS

DATE OF RECEIPT: _____

NAME OF APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____

Applicant Must Manually Sign Duplicate Copy of Application at Bottom of Page 2
APPLICANT SHOULD RETAIN THIS COPY