

13. List for the division or plant in which item will be used, the total dollar value of business by rating groups specified. Give actual orders scheduled for production during the next three calendar months, if possible. But if you are engaged in a "service" industry (such as hotels, cleaners, etc.) you may give for the last three calendar months dollar volume of sales or billings.

RATING	USE ONE COLUMN ONLY			ORDER NO.	SERIAL	RATING
	Orders Scheduled for Delivery (Dollars)	Past Sales or Billings (Dollars)	PERCENT			
AA-2X and higher				P-		
AA-3 thru AA-5				P-		
A-1-A thru A-1-K				P-		
All other (rated and un-rated)				PRP(PD-25A)		
TOTAL				If PD-25A Filed but Certificate Not Received, Give Date Filed:		

15. If item(s) for which rating is requested is CAPITAL EQUIPMENT or will be used to REPAIR capital equipment, give following information.

(a) Explain use or relationship of item(s) requested to product manufactured or to service rendered, as stated in item 2 above.

Physical Training classes in required course for Army Specialized Training Program.

(b) Will the item(s) applied for be used

☒ To expand

☐ To repair

☐ To replace present facilities

(c) Do you now have any equipment of same type as that for which rating is requested in this application?

(1) ☒ Yes.

MAKE AND MODEL NO. GIVE SIZE IDENTIFICATION IF APPLICABLE

AGE

CONDITION

NUMBER OF UNITS

TOTAL CAPACITY (All Units)

EXPLAIN WHY ADDITIONAL EQUIPMENT IS NEEDED

Winter term necessitates indoor classes

(2) ☐ No.

EXPLAIN HOW YOU NOW DO THE WORK FOR WHICH YOU REQUIRE THE EQUIPMENT APPLIED FOR

No ASTP classes held with use of mats.

(d) If item(s) will replace present equipment, what disposition will be made of replaced equipment?

(e) Give present number of employees in plant ☐ or office ☐ in which this equipment will be used.

FIRST SHIFT

SECOND SHIFT

THIRD SHIFT

(f) What will be the average weekly use of requested equipment in hours?

48 Hours

Estimated life of this type of equipment with such use:

1 Year