

Form **PD-1A**
(1-16-43)

UNITED STATES OF AMERICA
WAR PRODUCTION BOARD

FORM APPROVED
BUDGET BUREAU No. 12-R569-42

APPLICATION FOR PREFERENCE RATING

DO NOT WRITE IN THIS SPACE

WPB CASE No.

922398

TO: WAR PRODUCTION BOARD, Nearest Field Office of
ATTN: PD-1A

FOR INSTRUCTIONS.—See page 4 of Original and Triplicate.

DIVISION CODE	DATE IN	DATE OUT
ROUTING		

1.

University of Kansas
(Name of Applicant)
Physical Education Department
(Number and Street)
Lawrence, Kansas
(City and State)

TELEPHONE NO. OF APPLICANT: KU 83	DATE: November 1, 1943 Re 11/26
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FOREIGN CLEARANCE No.

2. Name the specific final product to be manufactured or produced (or service to be rendered) by the applicant with the item(s) requested on this application.

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

3. Enter reference number if you wish correspondence about this case to be so identified.

POV # 1089

4. Nature of applicant's business (such as mining, manufacturing, laundry, etc.).

Educational

5. Describe material or equipment on which a rating is requested in nontechnical terms. (Do not use trade name. Give approximate composition of alloys.)

Hair-filled gymnasium mats, 15 oz. duck, 2 in. thick, 5' x 10'.

Vertical Mat Trucks, to accommodate 8 mats each.

6. Where is item(s) requested to be delivered? (If for export, give country of destination.)

University of Kansas
Physical Education Dept.
Lawrence, Kansas

7. How will item(s) requested be used? (Check which)

<input type="checkbox"/> Incorporated in product	<input type="checkbox"/> Maintenance or repair
<input type="checkbox"/> Export	<input type="checkbox"/> Immediate use
<input checked="" type="checkbox"/> Capital equipment	<input type="checkbox"/> Reserve stock
<input type="checkbox"/> Operating supplies	<input type="checkbox"/> Other (Specify)

8. Is this a resubmission of a previous application for this item which was granted ☐ denied ☐

If so, give:

DATE FILED

WPB CASE No.

Attach original certificate or copy of denied application.

9. Item(s) will be secured from (Check one)

<input checked="" type="checkbox"/> Manufacturer	<input type="checkbox"/> Retailer
<input type="checkbox"/> Wholesale Distributor	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Own Stock	

10. Probable supplier

NAME:

Atlas Athletic Equipment Company

ADDRESS (Street, City, State)

4439 Manchester Ave.
St. Louis
Missouri

11. If rating is requested to release material restricted by an L or M order, give:

ORDER NUMBER

L— M—

12. How will product manufactured, or service rendered, help the war effort or essential civilian needs? (List up to 5 major contracts affected, where possible.)

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