

DET# A L
#1

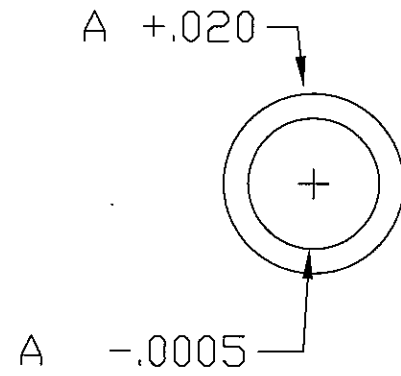
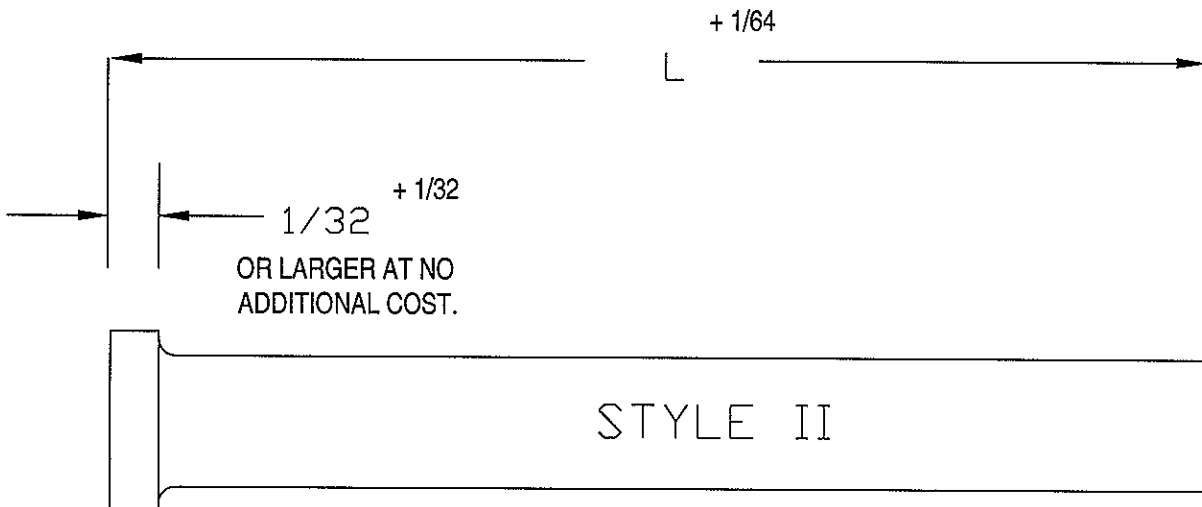
NOTE: DWG MUST BE SIGNED-OFF B/4 AN ORDER WILL BE ACCEPTED!!!

BY: _____

DATE: _____

REVISIONS

ZONE	REV	DESCRIPTION	DATE	APPROVED
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NAME: _____
COMPANY: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
FAX# _____
PH# _____

TOLERANCE UNLESS OTHERWISE SPECIFIED
.X = ± 0.010
.XX = ± 0.005
.XXX = ± 0.001
.XXXX = ± 0.0005
FRAC = $\pm 1/64$

STYLE II KO PIN
VERMONT PRECISION TOOLS, INC.
10 PRECISON LANE
SWANTON, VT 05488

FAX TO VPT @ # 802-868-7180

MAT:	RC	SIZE	FSCM NO.	DWG NO.	REV
		SCALE N/A	SHEET 1 OF 1		