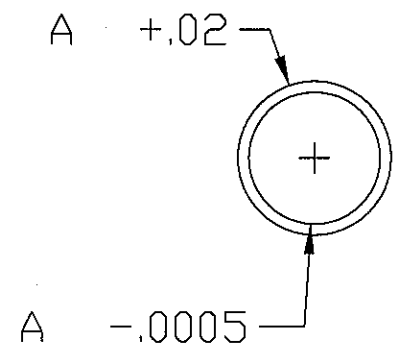
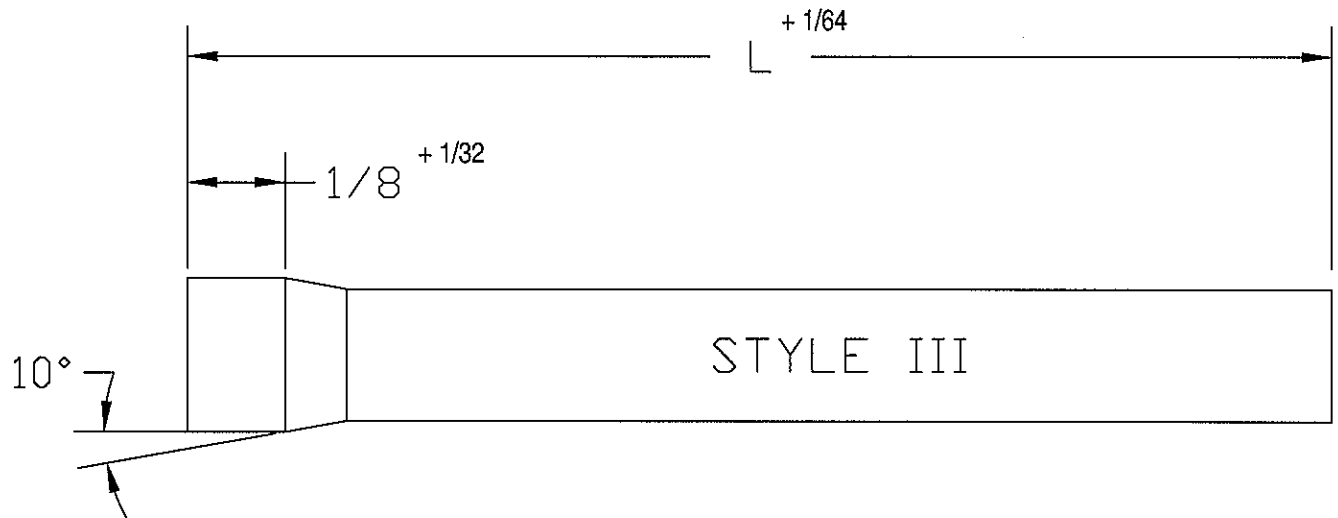


DET# A L
#1

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

BY: _____
DATE: _____

REVISIONS				
ZONE	REV	DESCRIPTION	DATE	APPROVED



NAME: _____
COMPANY: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
FAX# _____
PH# _____

TOLERANCE UNLESS OTHERWISE SPECIFIED
.X = ±.010
.XX = ±.005
.XXX = ±.001
.XXXX = ±.0005
FRAC = ±1/64

STYLE III KO PIN
VERMONT PRECISION TOOLS, INC.
10 PRECISION 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		