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| Categori   | Aut<br>i (a)(1)<br>i tituti al llar | Aut<br>(a)(2) llar ,<br>if applicable | Aut<br>(a)( ) llar ,<br>if applicable | Expla at r N te |
|--|-------------------------------------|---------------------------------------|---------------------------------------|-----------------|
| i i n l i n r u c i n l e q u i p e n<br>( e q u i p e n r c p u e r ) r e u c e<br>e q u i p e n r u p p l i e u r i n g<br>e i e f r i i n f e c i n e w e e n |                                     |                                       |                                       |                 |
| e u c e e n r l l e n .  |                                     |                                       |                                       |                 |
| n- u i i n u r c e ( i . e . , c n c e l l e<br>e r v i c e , r , c i l c r e r e r<br>c p u v e n u e y e r<br>n u e , e c . ) . <sup>3</sup>                   |                                     |                                       |                                       |                 |
| n i n g i n n l i n e i n r u c i n ; r p y i n g<br>e p r v i i n g r i n i n g i n i i n<br>.  |                                     |                                       |                                       |                 |
| i i n l e q u i p e n <sup>g e i</sup>   |                                     |                                       |                                       |                 |





**Instructions**

Complete the Form: One copy, fill out in ink in figure (Horizontal) name, effective date, appropriate reference  
report cover (September 30, December 31, March 31, June 30), etc.