

11-9

62-109060 3c102 AM
FBI
LABORATORY

State of Michigan

**SELECTIVE SERVICE SYSTEM
NOTICE OF CLASSIFICATION**

Approved and signed
 Attest: _____
 Director

Adverse Service No. _____
 has been classified in Class _____ (Urban)
 by virtue of _____
 Local Board
 Appeal Board
 President

Qc192

62-109060 Jc102 M
LABORATORY

LABORATORY REPORT

DATE OF TEST: _____

TESTER: _____

ANALYST: _____

TEST RESULTS:

TEST 1	RESULT
TEST 2	RESULT
TEST 3	RESULT
TEST 4	RESULT
TEST 5	RESULT
TEST 6	RESULT
TEST 7	RESULT
TEST 8	RESULT
TEST 9	RESULT
TEST 10	RESULT

LABORATORY REPORT

DATE OF TEST: _____

TESTER: _____

ANALYST: _____

TEST RESULTS:

TEST 1	RESULT
TEST 2	RESULT
TEST 3	RESULT
TEST 4	RESULT
TEST 5	RESULT
TEST 6	RESULT
TEST 7	RESULT
TEST 8	RESULT
TEST 9	RESULT
TEST 10	RESULT