

## Supplementary AB Measurement Template

Dealer									Date					
Address									City/Postal					
Telephone									Fax/Email					
Date Required									Tag Name					
PT	A	B	PT	A	B	PT	A	B	PT	A	B	PT	A	B
36			55			74			93			112		
37			56			75			94			113		
38			57			76			95			114		
39			58			77			96			115		
40			59			78			97			116		
41			60			79			98			117		
42			61			80			99			118		
43			62			81			100			119		
44			63			82			101			120		
45			64			83			102			121		
46			65			84			103			122		
47			66			85			104			123		
48			67			86			105			124		
49			68			87			106			125		
50			69			88			107			126		
51			70			89			108			127		
52			71			90			109			128		
53			72			91			110			129		
54			73			92			111			130		

AB Instructions