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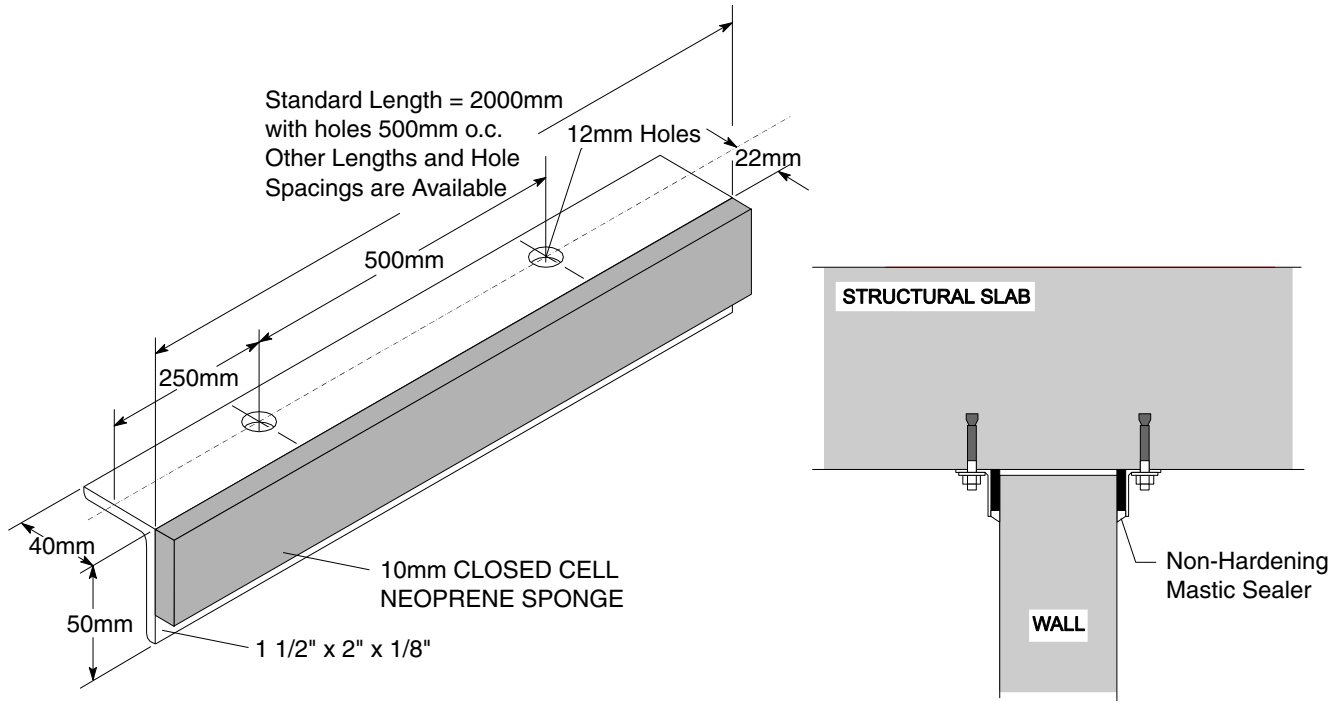
CERTIFIED FOR

JOB NAME :
CUSTOMER :
CUSTOMER P.O. :
MASON M.I. :
DWG. NO. :

TYPE

AB-716

ANGLE BRACKET
 SUPPORT
 FOR WALLS



CERTIFICATION DATA

LENGTH OF EACH BRACKET : _____
 NUMBER OF BRACKETS : _____
 TOTAL FOOTAGE OF BRACKETS : _____

DWN : _____ CHKD: _____ DATE : _____

DWG NO. : _____