



N. P. $\frac{1390}{10-30}$

CERTIFICATE FOR IDENTIFICATION ONLY--NOT PAYABLE OR TRANSFERABLE

_____ 19____

THIS IS TO IDENTIFY _____ WHOSE SIGNATURE IS WRITTEN BELOW

WHO HAS WORKED AS _____ ON OR AT _____

_____ DIVISION, DURING THE MONTH OF _____ 19____

AGE _____ WT. _____ HEIGHT _____ COMPLEXION _____ HAIR _____ EYES _____

NATIONALITY _____ PECULIAR MARKS _____

EMPLOYEE'S PERSONAL SIGNATURE TO BE SIGNED
IN PRESENCE OF PERSON ORIGINATING THIS FORM

TITLE _____

TIME }
PAY } CHECK NO. _____ DATED _____ DEL'D _____ DATED _____ AGENT _____

Use this form for identifying section and extra gang laborers who have performed short term service and who have not been furnished with card form of identification. Also use this form for all other employees requiring identification. This identification will be taken up when check is delivered and sent to Treasurer at St. Paul, Minn.