FM-BLES 03-3.13 Revision Code: 0 Effectivity Date: March 26, 2001	**TRANSMITTAL OF RETRIEVED/VERIFIED QUESTIONNAIRES IN ONCR**	Page __ of __

This form is to be accomplished in duplicate by the Regional Supervisor for each survey. Retain duplicate for file. Transmit the original copy together with the retrieved and verified questionnaires. Sort the questionnaires of each survey by province and by EIN/UIN.

The attached ___ questionnaires are for (encircle only one)**:**			**OWS**		**BITS**
Province	**EIN/UIN**	**Status Code**	**Province**	**EIN/UIN**	**Status Code**