

STATE OF NEW JERSEY

THIS IS TO CERTIFY THAT

has successfully completed the prescribed program
and is hereby authorized to be a
RADAR OPERATOR

Issue Date

Expiration Date

Issuing Radar Instructor

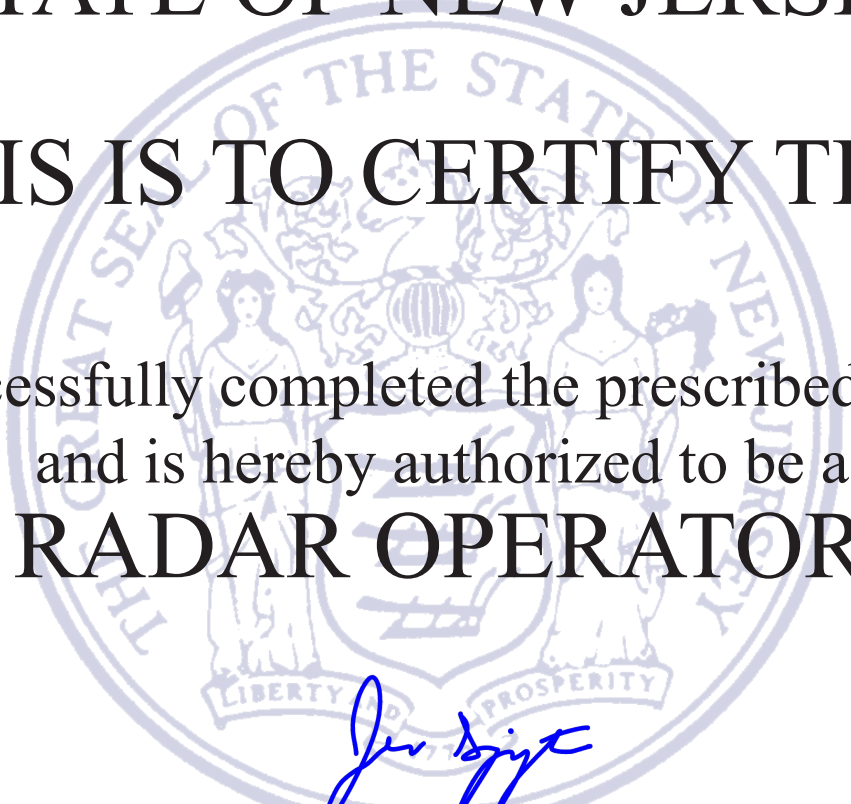


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John D. [Signature]