

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



*John D. [Signature]*

\*This page must be printed on white card stock

STATE OF NEW JERSEY

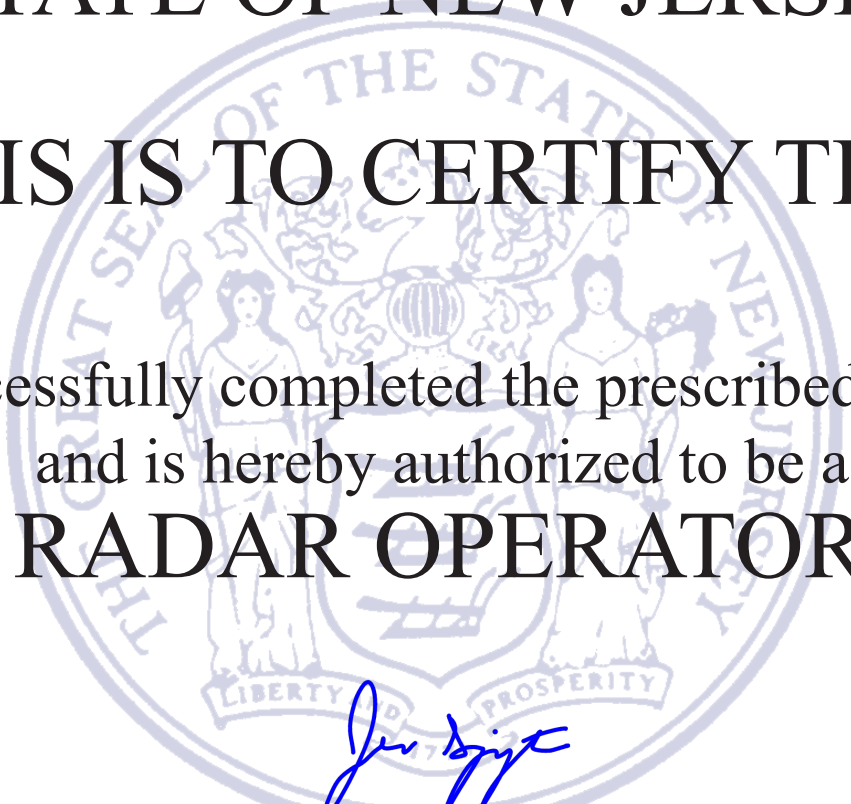
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