

**State of New Jersey**  
**Department of Law and Public Safety**  
**Division of Criminal Justice**

THIS IS TO CERTIFY THAT

**John R Spinapont**

HAS SUCCESSFULLY COMPLETED THE PRESCRIBED PROGRAM AND IS HEREBY  
AUTHORIZED TO BE A

**Radar Operator/Instructor**

3/6/2019  
Issue Date

3/6/2022  
Expiration Date



Director, Division of Criminal Justice

For Division of Criminal Justice  
use only - discard this section

**Wall Township Police**  
**Monmouth**

**State of New Jersey**  
**Department of Law and Public Safety**  
**Division of Criminal Justice**

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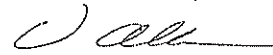
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