

STATE OF NEW JERSEY

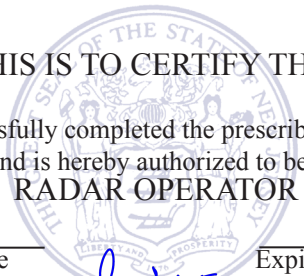
THIS IS TO CERTIFY THAT

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

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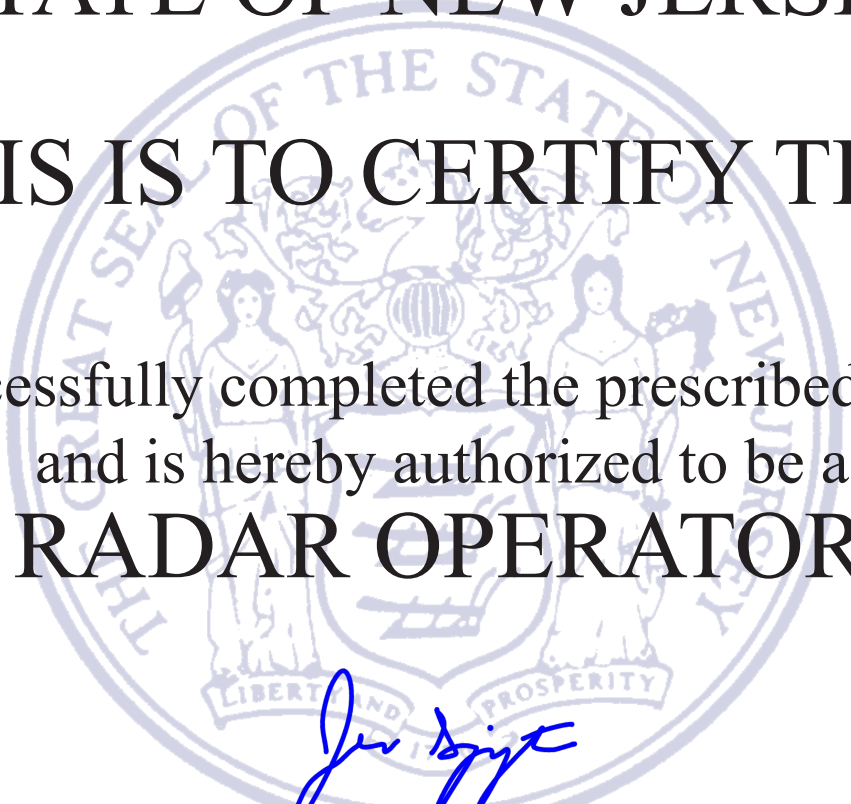
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