	F NEW .		Periodic Inspection Number										
BREATH T				E POLICE INSPECT	ION C	ERTIFIC	CATE	•	Other Inspe	ection	X	Date	2-21-05
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Cylinder Output	Ampoule Num	Control	Ontice	al System	Ba	olance Lost Motion			strument	Simi	<i>ا .</i> ulator Sol	utlon	BELOW Instrument Test
INSTRUMENT LOCAT		A	Option	ur Oyakeiii		MOtton		18	mperature	<u> </u>	Percentag	je	Percentage Results
Background Check		3 11	_		Effect		1	No Effec	<u></u>	Remark	s		
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	ABOVE INS	TRUMENT	IS NOT	RFI SENSI									
RADIO TRANSMISSION TESTING OPERATING CHANNEL BASE MOBILE PORTABLE													
FREQUENC	_	DESIGN		STATI			ance)	\dashv	(Distance)	_		REN	IARKS
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REMARKS- / N													
COMDITIO)N.	12 57	Run	NENT	RE	mov	€n	FR	om 50	ERVI	(E R	aus	REPLACED
WITH THE													0053.
The above instru	ment has b	een 🗌 re	paired a	nd 🔯 ins	pected	and foun	d to b	e in sa	atisfactory w	orking	conditio	n.	
"Pursuant to law, and the "Chemical Breath Testing Regulations" N.J.A.C. 13:51, I am a duly appointed Breath Test Coordinator/Instructor. In my official capacity, and consistent with "Standard Procedures for Inspecting Breath Test Instruments," as established by the Chief Forensic Scientist of the Division of State Police, I perform periodic inspections on approved instruments employing photometry as an approved method of chemical breath testing. Pursuant to, and consistent with, the current "Standard Procedures for Inspecting Breath Test Instruments," as established by the Chief Forensic Scientist, I inspected and tested the photometric instrument identified on this certificate. The results of my inspection and tests are recorded on this certificate. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willingly false, I am subject to punishment." TPR. T. WILLIAM M. (Ross#531/d.)													
	Date	- 100					1.15	·	Name an	d Badge	Number (I	Print)	
LEGEND:	N/E -	NO EFF	ECT		N/A	- NOT A	PPLI	CABL	E				

	STATE OF NEW J		Periodic Inspection Number 129.05									
BREATH TESTING	DIVISION OF STATI NSTRUMENT II		ON CE	RTIFICAT	Έ	Other Inspec	ction	808.05				
Instrument MARATHALYZUR	900 89	Number / 4	002	Department FLOK	UN	CC Two	SP	COUNTY CURTON				
Cylinder Output OO/C		Of al System		Offi ance Lost Motion		estrument mperature	. /O Simulator Sol	SCLOW Instrument Test				
INSTRUMENT LOCATION: ///	6					·						
Background Check	h		Effect		No Effec	ct	Remarks					
ABOVE INS	TRUMENT IS NOT	RFI SENSIT	IVE									
RADIO TRANSMISSION TESTING												
OPERATING FREQUENCY	CHANNEL DESIGNATION	BASI STATIO		MOBILE (Distance		PORTABLE (Distance)		REMARKS				
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REMARKS- OTHER IS (00304) PLACE						BULE (CON TRO	L NUMPER				
The above instrument has b	een 🔲 repaired a	ind ins	pected a	and found to	be in sa	atisfactory w	orking conditio	n.				
Coordinator/Instructor. I Instruments," as establinspections on approve Pursuant to, and consi established by the Chic certificate. The results statements made by me am subject to punishments.	"Pursuant to law, and the "Chemical Breath Testing Regulations" N.J.A.C. 13:51, I am a duly appointed Breath Test Coordinator/Instructor. In my official capacity, and consistent with "Standard Procedures for Inspecting Breath Test Instruments," as established by the Chief Forensic Scientist of the Division of State Police, I perform periodic inspections on approved instruments employing photometry as an approved method of chemical breath testing. Pursuant to, and consistent with, the current "Standard Procedures for Inspecting Breath Test Instruments," as established by the Chief Forensic Scientist, I inspected and tested the photometric instrument identified on this certificate. The results of my inspection and tests are recorded on this certificate. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willingly false, I am subject to punishment."											
AUGUST 8,		<u> </u>		Tick	=	Name and	d Badge Number (
LEGEND: N/E -	NO FEECT		N/A	- NOT APP	ICARI	F						

BREATH	D	STATE OF NEW AMENT OF LAW ANDIVISION OF STAT	·E	Periodic Inspection Number 128 - 05 Other Inspection Date									
Instrument			Number		Departmen	<u> </u>				County	30 CS		
BRE 17411	LYZCR	400 8	90901	<u>400</u>	IL FU	RO	NE 10	US/		BU	<u> UNSTON</u>		
Cylinder Output	OGC Ampoule Num		Of al System		CS lance Lost Motion		Instrument emperature	Simulat	O O tor Soli centag	ution	SCLOW Instrument Test Percentage Results		
INSTRUMENT LOC	ATION: ///												
Background Check	NM			Effect		No Effe	ect	Remarks					
<u> </u>	ABOVE INST	TRUMENT IS NOT	RFI SENSITI	VE									
RADIO TRANSMISSION TESTING													
OPERAT FREQUE		CHANNEL DESIGNATION	BASE		MOBILI (Distanc		PORTABLE (Distance)	.		REMA	NDVC		
PREQUE	NC 1	DESIGNATION	SIATIO	/N	(Distanc	e) .	(Distance)	<u> </u>		CENTE	inno		
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REMARKS-	ONE		'					-					
The above inst	rument has b	een repaired :	and 🚺 insp	ected	and found to	be in :	satisfactory w	orking co	nditio	n.			
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JUNE	30, 2 Date	2005			Tra	I	L NURS Name an	Signature C P d Badge Nu	w	Print)	ER 1663		
LEGEND:	N/E -	NO EFFECT		N/A	- NOT APP	LICAB	LE						

`> .	STATE OF NEW . RTMENT OF LAW AND DIVISION OF STAT	Other Inspec	Periodic Inspection Number 127-05										
BREATH TESTING	G INSTRUMENT I	NSPECTION C			L 0°	4.20.05							
Instrument SEENT-INLYZLK	! 400 89C)9014 (X	Department FLOK	ENCE TA	15/ Coun	RUNGTON							
OK 88	104	55	05	S	10 01000	ASCE							
	oule Control lumber Optica	al System B	alance Lost Motion	Instrument Temperature	Simulator Solution Percentage	Instrument Test Percentage Results							
INSTRUMENT LOCATION:	V/A	•											
Background Check	11	Effect	1	No Effect	Remarks								
ABOVE I	NSTRUMENT IS NOT	RFI SENSITIVE		_									
RADIO TRANSMISSION TESTING													
OPERATING FREQUENCY													
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X67555	WITHIN AC	MATABLE	TOLOGI	ues									
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REMARKS-	<u> </u>			•									
NONE													
The above instrument ha	s been repaired a	and I inspected	and found to b	e in satisfactory w	orkina condition.								
"Pursuant to law, and		/4-	_			ted Breath Test							
Coordinator/Instructor	r. In my official ca	pacity, and cor	nsistent with	"Standard Proce	edures for Inspecti	ing Breath Test							
Instruments," as esta inspections on appro Pursuant to, and co	oved instruments	employing pho	tometry as a	in approved me	thod of chemical	breath testing.							
Pursuant to, and co established by the C	nsistent with, the Chief Forensic Sci	current "Stand entist, I insped	tard Proceducted and test	res for Inspecti ed the photome	ng Breath Test Ir etric instrument id	nstruments," as entified on this							
certificate. The results of my inspection and tests are recorded on this certificate. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willingly false, I													
am subject to punishr	ment."		<u> </u>	BUINA	Model								
1					Signature								
	2005.	~	TPL		EPWMHR	EX 4663							
Date Name and Badge Number (Print) LEGEND: N/E - N/O FEFECT N/A - N/OT APPLICABLE													

	STATE OF NEW J MENT OF LAW AND DIVISION OF STATI			Periodic Inspection Number 126-05 Other Inspection Date								
BREATH TESTING I	T =					<u> </u>	03.04.05					
Instrument SECTIFICATION	900 Series	Number 090/4-00	Department	NCE /	TWSP	?	SUX CINCTON					
Cylinder Output OOA Ampoule Num		Bal System	OS alance Lost Motion	Instrumo Temperati	nt	Simulator Sol Percentag	ution Instrument Test					
INSTRUMENT LOCATION: 1												
Background Check	1	Effect	No	o Effect	Rei	marks						
ABOVE INS	TRUMENT IS NOT	RFI SENSITIVE										
	RADIO TRANSMISSION TESTING OPERATING CHANNEL BASE MOBILE PORTABLE											
OPERATING FREQUENCY	CHANNEL DESIGNATION	BASE STATION	MOBILE (Distance)		TABLE ance)		REMARKS					
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REMARKS- NONE		•										
The above instrument has b	een 🔲 repaired a	and Inspected	and found to be	n satisfac	tory work	ing conditio	en					
Coordinator/Instructor. I Instruments," as estable inspections on approve Pursuant to, and consi- established by the Chi- certificate. The results statements made by me	The above instrument has been repaired and r											
Date	NO FEFECT		A - NOT APPLIC	N	ame and Ba	adge Number (CHTER 4663					

		STATE OF NEW J MENT OF LAW AND INVISION OF STATI		Periodic Inspection X Number 125 05								
BREATH T		NSTRUMENT I		ON C	ERTIFICAT	E.	Other Inspec	ction		-28.05		
Instrument SEENTHAL	YZLR	700 Sarial	Number 09014	00	Department 2 F-ZC		NE Tu	مردر	Count	RUNGTON		
OK	0040	23	S				OF	to	10 10	* SECOW		
Cylinder Output	Ampoule Num!	Control Optice	al System	Ba	lance Lost Motion		Instrument Cemperature		for Solution centage	Instrument Test Percentage Results		
INSTRUMENT LOCAT	ION: N//	1										
Background Check	NM	,		Effect		No Effe	ect	Remarks				
IXÍ A	ABOVE INST	TRUMENT IS NOT	RFI SENSIT	IVE				_				
RADIO TRANSMISSION TESTING												
OPERATING CHANNEL BASE MOBILE PORTABLE FREQUENCY DESIGNATION STATION (Distance) (Distance) REMARKS												
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REMARKS- NO	NE								_			
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The above instru	ment has be	en repaired a	ind insp	ected	and found to	be in	satisfactory w	orking co	ndition.			
"Pursuant to law, and the "Chemical Breath Testing Regulations" N.J.A.C. 13:51, I am a duly appointed Breath Test Coordinator/Instructor. In my official capacity, and consistent with "Standard Procedures for Inspecting Breath Test Instruments," as established by the Chief Forensic Scientist of the Division of State Police, I perform periodic inspections on approved instruments employing photometry as an approved method of chemical breath testing. Pursuant to, and consistent with, the current "Standard Procedures for Inspecting Breath Test Instruments," as												
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JANUNI	JANUARY 28, 2005 THE LAURENCE PLYNCHTER 1/63											
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	STATE OF NEW J MENT OF LAW AND DIVISION OF STATE	Periodic Ins	<u> </u>	mber 24.04								
BREATH TESTING	INSTRUMENT II	NSPECTION C		Cuter mape	\Box \Box $/2$	2.07.04						
Instrument SEENTHALYTER	900 890	9014.002	Department FLOAT	NCE TWS	Cou	RUNKTON						
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	Control Optica	I System Ba	Motion	Instrument Temperature	Simulator Solution Percentage	Instrument Test Percentage Results						
INSTRUMENT LOCATION:												
Background Check	1	Effect		No Effect	Remarks							
ABOVE INS	STRUMENT IS NOT	RFI SENSITIVE										
RADIO TRANSMISSION TESTING												
OPERATING FREQUENCY	CHANNEL DESIGNATION	BASE STATION	MOBILE (Distance)	PORTABLE (Distance)		EMARKS						
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The above instrument has b	peen Trepaired a	nd (inspected	and found to I	e in satisfactory w	orking condition.							
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Date	DCC+MBER 7, 2004 TRATILIVENCE P. LINCHTCR 4163 Name and Badge Number (Print)											
	NO FEECT	Ν/Δ	- NOT APPL									

BREATH T	·	STATE OF NE MENT OF LAW DIVISION OF ST NSTRUMEN		Periodic Inspection Number Other Inspection Date Of Of Of								
Instrument	110	900 S	arial Numbe	1400	Departmen	11	NCC TW	50	County SUK////////////////////////////////////			
Cylinder Output	Ampoule Num		Of		05 Ilance Lost Motion		Instrument Temperature	Simulator Soli	utlon instrument Test			
INSTRUMENT LOCAT	110N: ///	1										
Background Check	NH	7		Effect		No Ei	ffect :	Remarks				
	ABOVE INS	TRUMENT IS N	OT RFI SE	ENSITIVE								
RADIO TRANSMISSION TESTING OPERATING: CHANNEL BASE MOBILE PORTABLE												
OPERATING CHANNEL BASE MOBILE PORTABLE FREQUENCY DESIGNATION STATION (Distance) (Distance) REMARKS												
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REMARKS-	ONE								•			
The above instru	ment has b	een 🔲 repair	ed and	inspected	and found to	be In	satisfactory w	orking conditio	n.			
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CA TUNE	Date	2007			711	1		Badge Number (
LEGEND:	N/E ·	NO EFFECT		N/A	- NOT APP	LICA						

	DEPARTM	STATE OF LIVISION OF	AW AND		Periodic Inspection Number 122 04				04			
BREATH TE					ION CI	ERTIFICAT	E	Other Inspec	ction		<u>08</u> 0	23.04
Instrument	ne G	00	Serial	1990/4	100	Department	LE1	WE TH	USP		County SUR	INGTON
Out may a	00	703		~ <i>,</i> ~ <i>,</i>				C. 4		0350	5/ \	-see-
09	Ampoule		(19		lance Lost		Instrument		·/O ator Solut	lon l	SCZOW Instrument Test
Cylinder Output INSTRUMENT LOCATI	Numl	oer	Optica	al System		Motion	Т Т	emperature_	Per	rcentage	Pe	ercentage Results
Background Check	NA	<u>~/</u>		_	Effect		No Effe	ect	Remarks			
ÌΊΑ	BOVE INST	RUMENT	IS NOT	RFI SENSI	I TIVE	1						
RADIO TRANSMISSION TESTING												
OPERATING CHANNEL BASE MOBILE PORTABLE FREQUENCY DESIGNATION STATION (Distance) REMARKS												
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REMARKS-	ONE											
	-,,											
The above Instrum	nent has be	en 🔲 re	paired a	nd ins	pected	and found to	be in	satisfactory w	orking co	ondition.		
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	3, 2 Date					TPR	IL		d Badge Nu	WA	HER int)	° 4163
LEGEND:	N/E -	NO EFFE	CT		N/A	- NOT APPL	ICAR	LE				,,

Periodic Inspection STATE OF NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY DIVISION OF STATE POLICE Other Inspection **BREATH TESTING INSTRUMENT INSPECTION CERTIFICATE** .10 Instrument Simulator Solution **Balance Lost** Instrument Test Cylinder Output **Optical System** Number Motion Temperature Percentage Percentage Results INSTRUMENT LOCATION: **Background Check** Effect No Effect Remarks ABOVE INSTRUMENT IS NOT RFI SENSITIVE RADIO TRANSMISSION TESTING MOBILE **PORTABLE OPERATING** CHANNEL DESIGNATION (Distance) REMARKS FREQUENCY STATION (Distance) ... WITHIN AKEPTARU TOURANCES **REMARKS-**The above instrument has been _ repaired and _ kinspected and found to be in satisfactory working condition. "Pursuant to law, and the "Chemical Breath Testing Regulations" N.J.A.C. 13:51, I am a duly appointed Breath Test Coordinator/Instructor. In my official capacity, and consistent with "Standard Procedures for Inspecting Breath Test Instruments," as established by the Chief Forensic Scientist of the Division of State Police, I perform periodic inspections on approved instruments employing photometry as an approved method of chemical breath testing. Pursuant to, and consistent with, the current "Standard Procedures for Inspecting Breath Test Instruments," as established by the Chief Forensic Scientist, I inspected and tested the photometric instrument identified on this certificate. The results of my inspection and tests are recorded on this certificate. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willingly false, I am subject to punishment." 17,2009 Date Name and Badge Number (Print) LEGEND: N/E - NO EFFECT N/A - NOT APPLICABLE

	STATE OF NEW . MENT OF LAW AND DIVISION OF STATE NSTRUMENT I		Periodic Inspection Number O 9 Other Inspection Date 18.04									
Instrument	Serial Serial	Number	Danartment			County						
BRENTHALVZCK	YU) 1890	<u>)9014002</u>	FLORE	NCC Tw.		SURCINGION						
05 003	03	Of	CS	CS	16T.#038	COI ASEE						
Cylinder Output Ampoule		al System Ba	lance Lost Motion	Instrument Temperature	Simulator Sol Percentag							
INSTRUMENT LOCATION:	1											
Background Check	1	Effect	, No	o Effect	Remarks							
ABOVE INS	TRUMENT IS NOT	RFI SENSITIVE										
		RADIO TRAN	SMISSION TI	ESTING		. , .						
OPERATING FREQUENCY	CHANNEL DESIGNATION	BASE STATION	MOBILE (Distance)	PORTABLI (Distance)	-	REMARKS						
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REMARKS- NONE						: 3						
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The above instrument has be	een 🔲 repaired a	nd inspected	and found to be	in satisfactory w	vorking conditio	n						
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am subject to punishmer	am subject to punishment."											
APRIL ZE, Z	7004		سورس	TIME	Signature	Const to some						
N Date		- ·	700-		nd Badge Number (I	Print)						
LEGEND: N/E -	NO EFFECT	N/A	- NOT APPLIC									

BREATH TESTING INSTRUMENT INSPECTION CERTIFICATE Descriptions Description Descr	DEP	STATE OF NEW ARTMENT OF LAWA	Periodic Inspection Number 9.04											
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Signature Sign	Instrument !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	e 900 8	al Number 090/4 C	02		EN	CE TW.	50	County CULLINGTON					
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	DEPARTM			Periodic Inspection Number									
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The above instrument has t	een 🔀 repaired a	nd X Inspected	l and found to	be In satisfacto	ry working	condition.							
"Pursuant to law, and the "Chemical Breath Testing Regulations" N.J.A.C. 13:51, I am a duly appointed Breath Test Coordinator/Instructor. In my official capacity, and consistent with "Standard Procedures for Inspecting Breath Test Instruments," as established by the Chief Forensic Scientist of the Division of State Police, I perform periodic inspections on approved instruments employing photometry as an approved method of chemical breath testing. Pursuant to, and consistent with, the current "Standard Procedures for Inspecting Breath Test Instruments," as established by the Chief Forensic Scientist, I inspected and tested the photometric instrument identified on this certificate. The results of my inspection and tests are recorded on this certificate. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willingly false, I am subject to punishment."													
JULY 16, 20	205	_	Tex	I LAURGI	VCE P	WACHE	ER 4663						
LEGEND: N/E	Date Name and Badge Number (Print)												

Periodic Inspection STATE OF NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY **DIVISION OF STATE POLICE** Other Inspection BREATH TESTING INSTRUMENT INSPECTION CERTIFICATE Instrument /WSP Ampoule Control Simulator Solution Instrument Instrument Test Number Motion Temperature Percentage Results Percentage INSTRUMENT LOCATION: Effect No Effect Remarks **Background Check** ABOVE INSTRUMENT IS NOT RFI SENSITIVE RADIO TRANSMISSION TESTING **OPERATING MOBILE CHANNEL** BASE **PORTABLE** (Distance) FREQUENCY DESIGNATION STATION **REMARKS** (Distance) TESTS WITHIN ACCEPTABLE **REMARKS-**The above instrument has been | repaired and | inspected and found to be in satisfactory working condition. "Pursuant to law, and the "Chemical Breath Testing Regulations" N.J.A.C. 13:51, I am a duly appointed Breath Test Coordinator/Instructor. In my official capacity, and consistent with "Standard Procedures for Inspecting Breath Test Instruments," as established by the Chief Forensic Scientist of the Division of State Police, I perform periodic inspections on approved instruments employing photometry as an approved method of chemical breath testing. Pursuant to, and consistent with, the current "Standard Procedures for Inspecting Breath Test Instruments," as established by the Chief Forensic Scientist, I inspected and tested the photometric instrument identified on this certificate. The results of my inspection and tests are recorded on this certificate. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willingly false, I am subject to punishment." TUNE 2, 2003 Name and Badge Number (Print) N/E - NO EFFECT LEGEND: N/A - NOT APPLICABLE

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certificate. The results	of my inspecti	ion and te	sts ar	e recorde	d on	this certific	cate. I certif	v that	the foregoing		
statements made by me am subject to punishme	e are true. I am a nt."	aware that	if any	of the fore	going	statement	s made by m	e are	willingly false, I		
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Periodic Inspection STATE OF NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY DIVISION OF STATE POLICE Other Inspection BREATH TESTING INSTRUMENT INSPECTION CERTIFICATE CONTUNESZIE **Ampoule Control Balance Lost** Instrument Simulator Solution Instrument Test Number Optical System Percentage Percentage Results INSTRUMENT LOCATION: Background Check Effect No Effect Remarks ABOVE INSTRUMENT IS NOT RFI SENSITIVE RADIO TRANSMISSION **OPERATING** CHANNEL MOBILE FREQUENCY DESIGNATION STATION (Distance) REMARKS (Distance) repaired and [X] inspected and found to be in satisfactory working condition. The above instrument has been "I am a Breath Test Coordinator Instructor, empowered by the Attorney General of the State of New Jersey, pursuant to the provisions of P. L. 1966 c. 142 S3 as amended (C. 39:4-50.3) and rules and regulations adopted thereunder, to perform inspection and maintenance of approved instruments for performing chemical analysis of a person's breath. I hereby affirm that I have inspected the approved instrument designated on this certificate. I further attest that this document contains a true, accurate and complete record of the inspection and maintenance performed herein, including random sample testing of ampoules used in the operation of this approved instrument as is evidenced by the ampoules control number (s) designated on this certificate. The original document of this inspection is on file at Division Headquarters of the New Jersey State Police, P.O. Box 7068, West Trenton, New Jersey 08628-0068." U6UST 26, 2002 True CHURDLOOP GREATER 4603 Name and Badge Number (Print) LEGEND: N/E - NO EFFECT N/A - NOT APPLICABLE

Periodic Inspection STATE OF NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY DIVISION OF STATE POLICE Other Inspection BREATH TESTING INSTRUMENT INSPECTION CERTIFICATE Instrument Balance Lost Simulator Solution Ampoule Control instrument Instrument Test Cylinder Output Optical System Number Motion Temperature Percentage Percentage Results INSTRUMENT LOCATION: Effect No Effect Background Check Remarks ABOVE INSTRUMENT IS NOT RFI SENSITIVE RADIO TRANSMISSION TESTING BASE STATION **OPERATING** CHANNEL MOBILE PORTABLE FREQUENCY DESIGNATION REMARKS (Distance) (Distance) 1CLCKAUCES **REMARKS:** The above instrument has been repaired and inspected and found to be in satisfactory working condition. "I am a Breath Test Coordinator Instructor, empowered by the Attorney General of the State of New Jersey, pursuant to the provisions of P. L. 1966 c. 142 S3 as amended (C. 39:4-50.3) and rules and regulations adopted thereunder, to perform inspection and maintenance of approved instruments for performing chemical analysis of a person's breath. I hereby affirm that I have inspected the approved instrument designated on this certificate. I further attest that this document contains a true, accurate and complete record of the inspection and maintenance performed herein, including random sample testing of ampoules used in the operation of this approved instrument as is evidenced by the ampoules control number (s) designated on this certificate. The original document of this inspection is on file at Division Headquarters of the New Jersey State Police, P.O. Box 7068, West Trenton, New Jersey 08628-0068." UNE 27, 2002 Name and Badge Number (Prin LEGEND: N/E - NO EFFECT N/A - NOT APPLICABLE

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Periodic Inspection STATE OF NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY DIVISION OF STATE POLICE Other Inspection BREATH TESTING INSTRUMENT INSPECTION CERTIFICATE 101510 Ampoule Control Instrument Simulator Solution Balance Lost Instrument Test Number Optical System Motion Temperature Percentage Percentage Results Cylinder Output INSTRUMENT LOCATION: No Effect Background Check Effect Remarks ABOVE INSTRUMENT IS NOT RFI SENSITIVE **TESTING** RADIO TRANSMISSION **OPERATING MOBILE PORTABLE** CHANNEL BASE FREQUENCY DESIGNATION STATION (Distance) (Distance) REMARKS TESTS WITHIN ACCEPTABLE TOLCRANCES **REMARKS:** The above instrument has been repaired and inspected and found to be in satisfactory working condition. "I am a Breath Test Coordinator Instructor, empowered by the Attorney General of the State of New Jersey, pursuant to the provisions of P. L. 1966 c. 142 S3 as amended (C. 39:4-50.3) and rules and regulations adopted thereunder, to perform inspection and maintenance of approved instruments for performing chemical analysis of a person's breath. I hereby affirm that I have inspected the approved instrument designated on this certificate. I further attest that this document contains a true, accurate and complete record of the inspection and maintenance performed herein, including random sample testing of ampoules used in the operation of this approved instrument as is evidenced by the ampoules control number (s) designated on this certificate. The original document of this inspection is on file at Division Headquarters of the New Jersey State Police, P.O. Box 7068, West Trenton, New Jersey 08628-0068." MOH 26, 2002 LEGEND: N/E - NO EFFECT N/A - NOT APPLICABLE

Periodic Inspection STATE OF NEW JERSEY DEPARTMENT OF LAW AND PUBLIC SAFETY DIVISION OF STATE POLICE Other Inspection BREATH TESTING INSTRUMENT INSPECTION CERTIFICATE Ampoule Control Simulator Solution Instrument Tast Percentage Results Number Optical System Motion Temperature Parcentage INSTRUMENT LOCATION: No Effect Effect Remarks Background Check ABOVE INSTRUMENT IS NOT RFI SENSITIVE RADIO TRANSMISSION TESTING MOBILE PORTABLE **OPERATING** CHANNEL REMARKS DESIGNATION FREQUENCY (Distance) (Distance) **REMARKS:** repaired and inspected and found to be in satisfactory working condition. The above instrument has been "I am a Breath Test Coordinator Instructor, empowered by the Attorney General of the State of New Jersey, pursuant to the provisions of P. L. 1966 c. 142 S3 as amended (C. 39:4-50.3) and rules and regulations adopted thereunder, to perform inspection and maintenance of approved instruments for performing chemical analysis of a person's breath. I hereby affirm that I have inspected the approved instrument designated on this certificate. I further attest that this document contains a true, accurate and complete record of the inspection and maintenance performed herein, including random sample testing of ampoules used in the operation of this approved instrument as is evidenced by the ampoules control number (s) designated on this certificate. The original document of this inspection is on file at Division Headquarters of the New Jersey State Police, R.O. Box 7068, West Trenton, New Jersey 08628-0068." RURY 4, 2002 Name and Badge Number (Print)

S.P. 343 (Rev. 6-86)

LEGEND:

N/E - NO EFFECT

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