

Certificate of Completion

This certifies that

Patrolman

Glenn Behnke

Has completed the Intoxilyzer® S-D5 CD-ROM
training course and is versed in
the operation of the

EMI INC.

Intoxilyzer® S-D5

Presented the date of

Thu, Aug 08, 2013

Ronald Morello

Supervising Officer (printed name)

Chief of Police

Rank



Supervising Officer signature

**Department of Law and Public Safety
Division of Criminal Justice**

THIS IS TO CERTIFY THAT

GLENN BEHNKE

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

Radar Operator

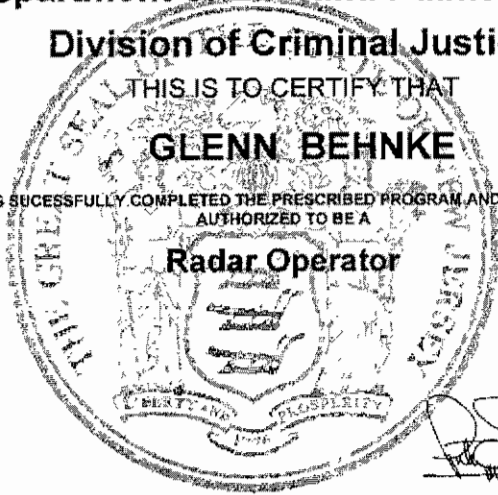
6/23/2006
Issue Date

6/23/2009
Expiration Date



Director, Division of Criminal Justice

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



THIS IS TO CERTIFY THAT

GLENN BEHNKE

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

Radar Operator

9/6/05
Issue Date

9/6/08
Expiration Date

A handwritten signature in black ink, appearing to be 'R. J. ...', written over a faint circular stamp.

Director, Division of Criminal Justice

For Division of Criminal Justice
use only - discard this section
Stratford Borough Police
Camden

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

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Director, Division of Criminal Justice

Division of Criminal Justice
 Law Enforcement Standards
 Northern Regional Office
 One Apollo Drive
 Whippany, NJ 07981
 (973) 599-5814
 FAX: (973) 599-5979
 Attention: Anthony Petrozzino
RADAR TRAINING ROSTER

CHECK OFF ONLY ONE BOX BELOW:

INITIAL OPERATOR CERTIFICATION

OPERATOR RECERTIFICATION

TRAINING LOCATION: Stratford Police Department

DATE TRAINING COMPLETED: 02/28/09

LEAD INSTRUCTOR: Sgt. Frank J. Gagliardi

SS NUMBER: _____

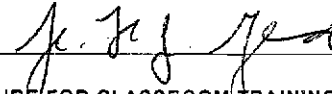
INSTRUCTOR CERTIFICATION EXPIRATION DATE: 07/31/12

INSTRUCTOR AGENCY: Stratford Police Department

O.R.I. NUMBER: NJ 0043200

INSTRUCTOR TELEPHONE NUMBER: (856)-783-8616

I certify that the below listed officer(s) have completed all necessary training requirements for the initial or recertification of radar operators, as specified in the Division of Criminal Justice Training Program.

LEAD INSTRUCTOR SIGNATURE: 

ACADEMY INSTRUCTOR SIGNATURE FOR CLASSROOM TRAINING (IF APPLICABLE): _____

Social Security Number	Name (Last First Mi)	Agency Name	Agency ORI (9 Digits)
	Johnson, Bret	Stratford Police Department	NJ 0043200
	Williams, Michael	Stratford Police Department	NJ 0043200
	Righter, Kenneth	Stratford Police Department	NJ 0043200
	Behnke, Glenn	Stratford Police Department	NJ 0043200
			NJ _____
			NJ _____
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			NJ _____
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