

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

THIS IS TO CERTIFY THAT


KENNETH KUZNIASZ

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

Radar Operator/Instructor

**1/4/2007
Issue Date**

**1/4/2010
Expiration Date**



Director, Division of Criminal Justice

DEPARTMENT OF

Motor and Public Safety


This is to certify that

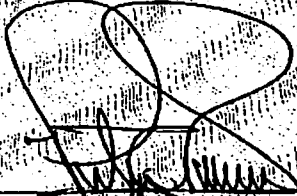
Kenneth E. Kuzniasz
Glassboro Borough

IS QUALIFIED AND COMPETENT TO CONDUCT CHEMICAL BREATH ANALYSES, PURSUANT TO
CHAPTER 142, OF THE LAWS OF 1966 IN THE OPERATION OF THE Alcotest 7110 MKIII-C
A METHOD TO DETERMINE INTOXICATION.

GIVEN UNDER MY HAND AT TRENTON, NEW JERSEY THIS 5th DAY OF MAY

TWO THOUSAND AND FIVE


SUPERINTENDENT
NEW JERSEY STATE POLICE


ATTORNEY GENERAL
STATE OF NEW JERSEY

Division of Criminal Justice
 Law Enforcement Standards
 Northern Regional Office
 One Apollo Drive
 Whippany, NJ 07981
 (973) 599-5814
 FAX: (973) 599-5975
 Attention: Anthony Petrozzino

RADAR TRAINING ROSTER

CHECK OFF ONLY ONE BOX BELOW:

INITIAL OPERATOR CERTIFICATION OPERATOR RECERTIFICATION

TRAINING LOCATION: Glassboro DATE TRAINING COMPLETED: 6/2/07
 LEAD INSTRUCTOR: P.H. Kuzniasz #968 SS NUMBER: [REDACTED]
 INSTRUCTOR CERTIFICATION EXPIRATION DATE: 1/4/10
 INSTRUCTOR AGENCY: GLASSBORO O.R.I. NUMBER: N J 0 0 8 0 6 0 0
 INSTRUCTOR TELEPHONE NUMBER: 856-881-1501

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

Social Security Number	Name (Last, First, Mi)	Agency Name	Agency ORI (9-Digits)
[REDACTED]	Myers, Mindy L	Glassboro	N J 0 0 8 0 6 0 0
			N J _____
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