

Certificate of Completion

This certifies that
Detective
Michael Williams

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



Intoxilyzer® S-D5

Presented the date of
Thu, Aug 08, 2013

Ronald Morello
Supervising Officer (printed name)

Chief of Police
Rank

A handwritten signature in dark ink, appearing to read "Ronald Morello", written over a horizontal line.

Supervising Officer signature

STATE OF NEW JERSEY
STRATFORD POLICE DEPARTMENT
THIS IS TO CERTIFY THAT

PTL Michael Williams

has successfully completed the prescribed program
and is hereby authorized to be a

RADAR OPERATOR

04/21/17

Issue Date

04/30/20

Expiration Date



Issuing Radar Instructor
Chief Ronald Morello

BASIC LIFE SUPPORT**BASIC LIFE SUPPORT****BLS
Provider****American
Heart
Association****Michael Williams**

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

11/08/2016

Issue Date

11/2018

Recommended Renewal Date

Training Center Name **Kennedy Health** TC **RJ00555**TC Info **2201 Chapel Ave West Cherry Hill NJ**
2201 Chapel Ave 856-488-6889Course Location **Stratford**Instructor Name **Thomas Farrell** Inst. ID # **03060038168**Holder's
Signature

© 2015 American Heart Association. Temporarily with this card will after its appearance. 15-1805

→
PEEL
HERE
→

This card contains unique security features to protect against forgery.

ORIGINAL COURSE DATES

1.	DATE	Refresher Course		INSTRUCTOR
		PLACE		
	3-5-07	GCPA		Wm Cross
	6/23/09	GCPA		Odomy Stankovic
	9-15-11	GCPA		F. Snyder
	10-18-13	GCPA		Wm Cross
	9/17/15	GCPA		Odomy Stankovic
6.				
7.				
8.				
9.				

S.P. 293B (Rev. 12/04)

DEPARTMENT OF
Water and Public Safety
 This is to certify that

Michael C. Williams
Stratford Boro

IS QUALIFIED AND COMPETENT TO CONDUCT CHEMICAL BREATH ANALYSES PURSUANT TO CHAPTER 142 OF
 THE LAWS OF 1996 IN THE OPERATION OF THE **Alcotest 7110 MKIII-C**
 A METHOD TO DETERMINE INTOXICATION
 GIVEN UNDER MY HAND AT TRENTON, NEW JERSEY

3rd DAY OF February

TWO THOUSAND AND 05

[Signature]
 SUPERINTENDENT
 NEW JERSEY STATE POLICE

[Signature]
 ATTORNEY GENERAL
 STATE OF NEW JERSEY

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

THIS IS TO CERTIFY THAT

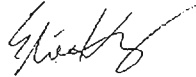
MICHAEL WILLIAMS

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

Radar Operator

2/18/2015
Issue Date

2/18/2018
Expiration Date



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

THIS IS TO CERTIFY THAT

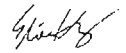
MICHAEL WILLIAMS

HAS SUCCESSFULLY COMPLETED THE PRESCRIBED PROGRAM
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2/18/2015
Issue Date

2/18/2018
Expiration Date



Director, Division of Criminal Justice

Division of Criminal
 Police Service
 Northern Regional Office
 One Apollo Drive
 Whippany, NJ 07981
 (973) 599-5961
 FAX: (973) 599-5979
 www.njpdresources.org/radar
 Attention: Dee Camilo

RADAR TRAINING ROSTER

CHECK OFF ONLY ONE BOX BELOW:

INITIAL OPERATOR CERTIFICATION

OPERATOR RECERTIFICATION

TRAINING LOCATION: Stratford Police Department DATE TRAINING COMPLETED: 02/18/15
 LEAD INSTRUCTOR: Sgt. Frank J. Gagliardi SS NUMBER: _____
 INSTRUCTOR CERTIFICATION EXPIRATION DATE: 02/13/18
 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)
			NJ _____
	Williams, Michael	Stratford Police Department	NJ 0043200
			NJ _____
			NJ _____
			NJ _____
			NJ _____
			NJ _____
			NJ _____
			NJ _____
			NJ _____
			NJ _____

DEPARTMENT OF
Water and Public Safety
 This is to certify that

Michael C. Williams
 Stratford Boca

IS QUALIFIED AND PERMITTED TO CONDUCT CHEMICAL BREATH ANALYSIS PURSUANT TO CHAPTER 111 OF
 THE LAWS OF 1964 IN THE OPERATION OF THE Alcotest 7110 SKM III-C

ISSUED TO DATE AND EXPIRES ON 3rd DAY OF February
 2009 UNDER MY HAND AT HARTFORD, CONNECTICUT


 GOVERNOR
 STATE OF CONNECTICUT


 ATTORNEY GENERAL
 STATE OF NEW YORK

ORIGINAL COURSE DATES

	DATE	Refrigerator Course		INSTRUCTOR
		PLACE		
1	3-5-07	GC PA		Wm Lanza
2	6/23/09	GC PA		Anthony Stangor
3	7-15-11	GC PA		Wm Lanza
4	10-18-13	GC PA		Wm Lanza
5				
6				
7				
8				
9				

Certificate of Completion

This certifies that

Detective

Michael Williams

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)

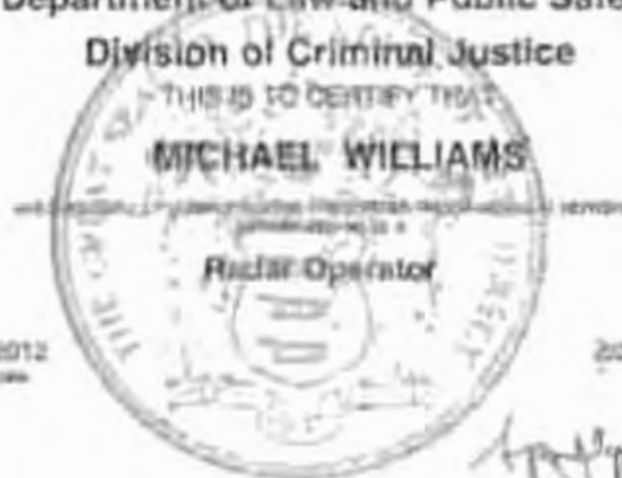
Chief of Police

Rank

Ronald Morello

Supervising Officer signature

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



2/20/2012
Sue 196

2/20/2015

For Division of Criminal Justice
and only - Bureau No. 420197
Stratford Borough Police
Camden

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



2/20/2012
Sue 196

2/20/2015

DEPARTMENT OF
Fire and Public Safety
Open to its worthy staff

Michael C. Williams
 Stratford-Boro

I HEREBY AUTHORIZE AND COMMAND TO CONDUCT CHEMICAL ANALYSES PURSUANT TO CHAPTER 143 OF
 THE LAWS OF 1961 IN THE OPERATION OF THE
 AS SHOWN TO DETERMINE INVESTIGATION
 GIVEN UNDER MY HAND AT CONTON, NEW JERSEY ON

3rd day of February

[Signature]
 MICHAEL C. WILLIAMS
 FIRE CHIEF

[Signature]
 ATTEST BY CLERK
 STATE OF NEW JERSEY

ORIGINAL COURSE DATES

	DATE	PLACE	INSTRUCTOR
1	7-5-07	GCPA	Wm Carr
2	6/23/09	GCPA	Odyssey Stangor
3	9-25-11	GCPA	W. Stangor
4			
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10			

DEPARTMENT OF
Traffic and Public Safety
 This is to certify that

Michael C. Williams
Stratford Boro

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 MEANS TO DETERMINE INTOXICATION.
 GIVEN UNDER MY HAND AT TRENTON NEW JERSEY THIS 3rd DAY OF February

THE THOUSAND AND 05

[Signature]
 SUPERINTENDENT
 NEW JERSEY STATE POLICE

[Signature]
 ATTORNEY GENERAL
 STATE OF NEW JERSEY

ORIGINAL COURSE DATES

1.	DATE	Refresher Course		INSTRUCTOR
		PLACE		
	3-5-07	GCPA		Wm Cox
	6/23/09	GCPA		Adam Stankis
3.				
4.				
5.				
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8.				
9.				

DEPARTMENT OF

Water and Public Safety

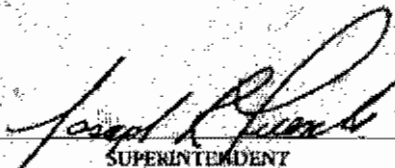
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GIVEN UNDER MY HAND AT TRENTON, NEW JERSEY THIS 3rd DAY OF February

TWO THOUSAND AND Five


SUPERINTENDENT
NEW JERSEY STATE POLICE

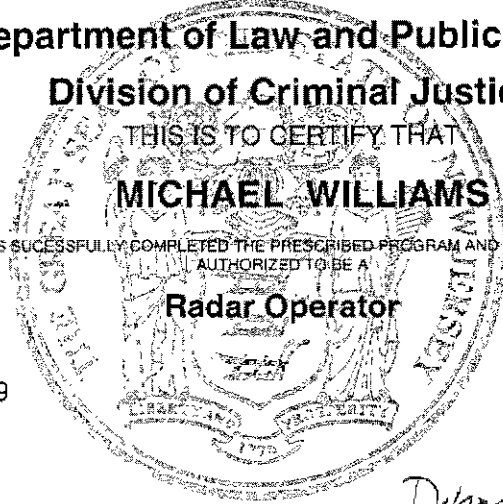

ATTORNEY GENERAL
STATE OF NEW JERSEY

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

THIS IS TO CERTIFY THAT
MICHAEL WILLIAMS
HAS SUCCESSFULLY COMPLETED THE PRESCRIBED PROGRAM AND IS HEREBY
AUTHORIZED TO BE A
Radar Operator

2/28/2009
Issue Date

2/28/2012
Expiration Date



Deborah L. Carr

Director, Division of Criminal Justice

State of New Jersey
Department of Law and Public Safety

Division of Criminal Justice

THIS IS TO CERTIFY THAT

MICHAEL WILLIAMS

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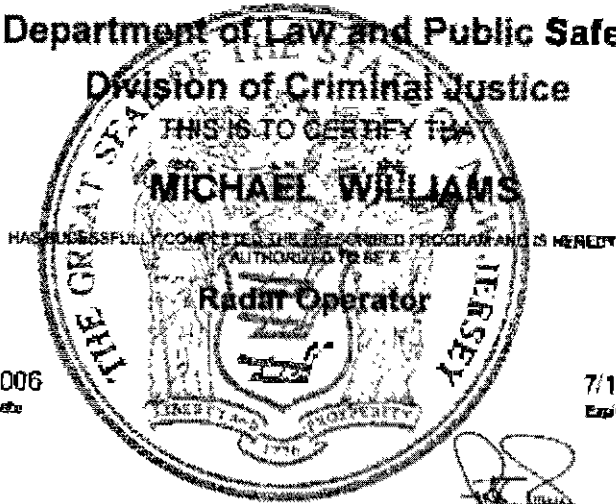
7/30/2003
Issue Date

7/30/2006
Expiration Date



Director, Division of Criminal Justice

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



7/11/2006
Issue Date

7/11/2008
Expiration Date

Director, Division of Criminal Justice

DEPARTMENT OF

Motor and Traffic Safety

This is to certify that
Michael Williams

Laurel Springs Boro Police

has successfully completed the course in the use of the Breathalyzer

on 2nd March

1996

Carl Williams

Robert T. Post

ORIGINAL COURSE DATES

Refresher Course

	DATE	PLACE	INSTRUCTOR
1	11-12-98	GCRA	J. Macken
2	5-16-00	GCRA	M. Morgan
3	10-10-02	GCRA	J. Smith
4			
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SP-2530