# MICROFILM CERTIFICATION

**INSTRUCTIONS**

1. Use this form when requesting disposal of public records which have been microfilmed.
2. After completion, submit with the Request and Authorization for Records Disposal form.

<table>
<thead>
<tr>
<th>AGENCY NAME AND ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CERTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that the records listed on the attached Request and Authorization for Records Disposal form(s) have been microfilmed in accordance with the microfilm specifications listed in section 15:3 of the New Jersey Administrative Code.

<table>
<thead>
<tr>
<th>SUPERVISOR OF MICROFILM UNIT</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGENCY HEAD OR DESIGNATE/OFFICE OF ORIGIN OF RECORDS</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DEPARTMENT OF STATE - Division of Archives and Records Management
BACKGROUND DENSITY
TARGET
You may order Microcopy Resolution Test Charts from:

Office of Standard Reference Material
Chemistry Building, Room B-311
Gaithersburg, MD 20399
(301) 975-2000
TITLE TARGET

TITLE OF RECORDS:

FIRST RECORD:

LAST RECORD:

FILMED FOR (use name of agency):

REDUCTION RATIO: ___________ FILM TYPE: 16mm _______ 35mm _______

TYPE CAMERA: ___________________ CAMERA NUMBER: ______________

ROLL #

________
CAMERA OPERATOR’S CERTIFICATE

DATE FILMED ________________  REEL NUMBER ________________

THESE RECORDS WERE FILMED FOR (name of agency):

____________________________________________________

RECORDS TITLE _______________________________________

NUMBER OF IMAGES ___________________

INDEXING DATA

BEGINNS WITH ______________________________________

ENDS WITH ____________________________

MISSING DOCUMENTS

________________________________________

CAMERA NUMBER ________________

The above records were microfilmed by the (name of agency)

________________________________________

I hereby certify that the microphotographs appearing in this reel of film are true and accurate copies of the original documents described above.

________________________________________
Signature of Camera Operator
START
OF
RETAKE
S
CERTIFICATION
THE MICROPHOTOGRAPHS APPEARING BETWEEN "START OF RETAKES" AND "END OF RETAKES" ARE TRUE COPIES OF THE ORIGINAL DOCUMENTS WHICH ARE ILLEGIBLE OR WERE OMITTED DURING THE FILMING.

Signature of camera operator
Agency:
END OF RETAKES

CERTIFICATION

THE MICROPHOTOGRAPHS APPEARING BETWEEN "START OF RETAKES" AND "END OF RETAKES" ARE TRUE COPIES OF THE ORIGINAL DOCUMENTS WHICH ARE ILLEGIBLE OR WERE OMITTED DURING THE FILMING.

________________________________________
Signature of camera operator

________________________________________
Agency: _________________________________
CORRECTION

PRECEDING IMAGE HAS BEEN REPEATED TO ASSURE LEGIBILITY OR TO CORRECT A POSSIBLE ERROR
NOTE

CASE #

NOT IN FILE AT TIME OF MICROFILMING

REMARKS:
# MICROFILM CERTIFICATION

**INSTRUCTIONS**

1. Use this form when requesting disposal of public records which have been microfilmed.
2. After completion, submit with the Request and Authorization for Records Disposal form.

**AGENCY NAME AND ADDRESS**

<table>
<thead>
<tr>
<th>CERTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby certify that the records listed on the attached Request and Authorization for Records Disposal form(s) have been microfilmed in accordance with the microfilm specifications listed in section 15:3 of the New Jersey Administrative Code.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUPERVISOR OF MICROFILM UNIT</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGENCY HEAD OR DESIGNATE/OFFICE OF ORIGIN OF RECORDS</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
BACKGROUND DENSITY
TARGET
You may order Microcopy Resolution Test Charts from:

Office of Standard Reference Material
Chemistry Building, Room B-311
Gaithersburg, MD 20399
(301) 975-2000
CERTIFICATE OF AUTHENTICITY

This is to certify that the microphotographs appearing on this roll of microfilm are complete and accurate reproductions of the original records and have been microfilmed in the normal course of government affairs. They meet the requirements of Administrative Directive #3-01.

It is the expressed intent and purpose of this government agency to destroy or otherwise dispose of the original records microphotographed herein. This destruction or disposition of the records on this reel is only to be accomplished after inspection of the microfilm to insure completeness of coverage.

Date: ____________________

Authorization:

Signature

Signature of Microfilm Supervisor

Signature of Camera Operator
TITLE TARGET

TITLE OF RECORDS: __________________________________________

__________________________________________________________

FIRST RECORD: ____________________________________________

LAST RECORD: ____________________________________________

FILMED FOR (use name of agency): ______________________________

REDUCTION RATIO: ______________________ FILM TYPE: 16mm _____ 35mm _____

TYPE CAMERA: ____________________________ CAMERA NUMBER: ______________

ROLL #
______________
CAMERA OPERATOR’S CERTIFICATE

DATE FILMED ___________________ REEL NUMBER ___________________

THESE RECORDS WERE FILMED FOR (name of agency): ____________________

________________________

RECORDS TITLE __________________________

________________________

NUMBER OF IMAGES ___________________

INDEXING DATA

BEGINNS WITH

ENDS WITH

MISSING DOCUMENTS

________________________

CAMERA NUMBER ______________

The above records were microfilmed by the (name of agency)

________________________

I hereby certify that the microphotographs appearing in this reel of film are true and accurate copies of the original documents described above.

________________________
Signature of Camera Operator
START OF RETAKES

CERTIFICATION

THE MICROPHOTOGRAPHS APPEARING BETWEEN "START OF RETAKES" AND "END OF RETAKES" ARE TRUE COPIES OF THE ORIGINAL DOCUMENTS WHICH ARE ILLEGIBLE OR WERE OMITTED DURING THE FILMING.

Signature of camera operator

Agency:
END OF RETAKES

CERTIFICATION

THE MICROPHOTOGRAPHS APPEARING BETWEEN "START OF RETAKES" AND "END OF RETAKES" ARE TRUE COPIES OF THE ORIGINAL DOCUMENTS WHICH ARE ILLEGIBLE OR WERE OMITTED DURING THE Filming.

__________________________________________
Signature of camera operator

Agency: ____________________________________
CORRECTION

PRECEDING IMAGE HAS BEEN REPEATED TO ASSURE LEGIBILITY OR TO CORRECT A POSSIBLE ERROR
NOTE

CASE #

NOT IN FILE AT TIME OF MICROFILMING

REMARKS: