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.

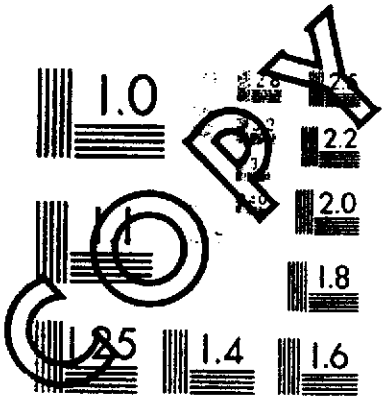
AGENCY NAME AND ADDRESS

ERTIFICATION

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.

SUPERVISOR OF MICROFILM UNIT	DATE
AGENCY HEAD OR DESIGNATE/OFFICE OF ORIGIN OF RECORDS	DATE

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

(Use *YOUR* letterhead)

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

BEGINS 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

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_____

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: _____

_____

_____

_____

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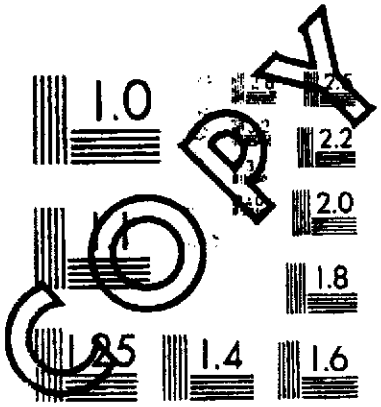
AGENCY HEAD OR DESIGNATE/OFFICE OF ORIGIN OF RECORDS	DATE

BACKGROUND DENSITY TARGET



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Chemistry Building, Room B-311
Gaithersburg, MD 20399
(301) 975-2000

(Use YOUR letterhead)

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

(Use *YOUR* letterhead)

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

BEGINS WITH
ENDS WITH

MISSING DOCUMENTS

CAMERA NUMBER _____

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

_____

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_____

Signature of Camera Operator

START

OF

RETAKES

CERTIFICATION

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Signature of camera operator

Agency:

END

OF

RETAKES

CERTIFICATION

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Signature of camera operator

Agency: _____

_____

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—NOTE—

CASE #_____

NOT IN FILE AT
TIME OF
MICROFILMING

REMARKS: _____

_____

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_____