OPERATOR'S CERTIFICATE CAMERA This form must follow the reel(s) from start of filming until approval of reel(s) by Section. SECTION 1 REEL NO. JOB NO 3 EXPOSURES TIME DATE 2 2 5 3 TYPE OF DOCUME REDUCTION TYPE OF 61 LAST DOCUMENT 3 CERTIFICATION I THE UNDERSIGNED OPERATOR, HEREBY CERTIFY THAT THE MICROPHOTOGRAPHS APPEARING IN THIS REEL ARE TRUE COPIES OF THE ORIGINAL DOCUMENTS INDEXED ABOVE. OPERATOR SECTION 2 REPORT DENSITY 1 DARK DENSITY SATISFACTORY LIGHT CHECKED BY OPERATOR DATE SECTION 3 REPORT INSPECTION DATE .... ... HEREBY CERTIFY THAT APART FROM THE RECORDS MENTIONED BELOW WHICH HAVE BEEN SET ASIDE FOR RETAKE, THIS REEL IS AN EXACT COPY OF THE ORIGINAL MENTIONED IN THE OPERATOR'S REPORT. NATURE OF RETAKE (S) REFERENCE REEL APPROVED: SIGNATURE DATE For future reference, all three sections of this form must be completed. NOTE: