

CAMERA OPERATOR'S CERTIFICATE

This form must follow the reel(s) from start of filming until approval of reel(s) by Section.

JOB NO. 116		REEL NO. 5	
DATE 28-6-57	TIME 2:30	EXPOSURES 2900	TYPE OF DOCUMENT D.P.S. - 44
TYPE OF FILM DR		REDUCTION 2+1	LAST DOCUMENT 22415
FIRST DOCUMENT 19541			

CERTIFICATION

I THE UNDERSIGNED OPERATOR, HEREBY CERTIFY THAT THE MICROPHOTOGRAPHS APPEARING IN THIS REEL ARE TRUE COPIES OF THE ORIGINAL DOCUMENTS INDEXED ABOVE.

OPERATOR *[Signature]*

SECTION 2

DENSITY REPORT

DENSITY SATISFACTORY	LIGHT	DARK
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CHECKED BY OPERATOR

DATE

SECTION 3

INSPECTION REPORT

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.

REFERENCE	NATURE OF RETAKE(S)

REEL APPROVED:

SIGNATURE

DATE

NOTE: For future reference, all three sections of this form must be completed.