

Cut along the border

	<p><b>NEW YORK STATE DEPARTMENT OF HEALTH</b></p> <p>This Permit Certifies that <b>Fish, Joshua M.</b> <b>PERMIT NUMBER 37493</b></p> <p>Is a Breath Analysis Operator Certified in the Operation of the <b>NPAS DATAMASTER DMT</b></p> <p>Continuously Certified Since 1/17/2008 Certified from 1/1/2012 to 1/1/2014</p> <p>DOH-2147a (01/2001)</p>	
<p>Wadsworth Center for Laboratories and Research</p>		

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**Cards may be laminated**