STATE OF NEW JERSEY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL

Enforcing the Underage Drinking Laws Grant Program

CERTIFICATION OF HOURS
Compliance Checks

Name of Agency:_____ Subgrant Award Number: _____

NAME OF OFFICER AND BADGE NUMBER	HOURLY O.T. RATE	DATE OF ASSIGNMENT	LOCATION/NAME OF ESTABLISHMENT	NUMBER OF HOURS

CERTIFICATION BY RECEIVING AGENCY: I CERTIFY THAT THE ABOVE SERVICES HAVE BEEN RENDERED AS STATED HEREIN.

_____
SIGNATURE

_____ _____
TITLE DATE

Forward to Kelly Troilo, on a weekly basis, at: Division of ABC, PO Box 087, Trenton, NJ 08625-0087.

*** Copies should also be included with each Quarterly Report.**