Microfilm Submission Form

Mailing: PO Box 661, Trenton, NJ 08625-0661
Location: 2300 Stuyvesant Avenue, Trenton, NJ 08625-0661

Agency Contact Information

Agency Name:
Agency Representative:
Address:
City/State/Zip:
Phone:
E-Mail:

Microfilm Vendor Contact Information (If Applicable)

Vendor Name:
Vendor Representative:
Address:
City/State/Zip:
Phone:
E-Mail:

Microfilm Return Instructions:
☐ Return to Agency
☐ Return to Vendor
☐ No Need to Return — Sample Only

Type of Film
Archive Writer: ☐ 16 MM ☐ 35 MM
Regular: ☐ 16 MM ☐ 35 MM
Reel Name or Number __________________________

Annual Review Inspections: Provide certification number ________________________________

This Submission is For:
☐ Routine Inspection of Microfilm Filmed from Paper Attn: Suzanne Crammer
☐ Microfilm Created from Digital Images for an Imaging System Certification, Annual Review or Amendment
☐ Microfilm Submitted for Storage (Page 1 Only) Attn: Andy Dow
☐ Microfilm Submitted for NJ Archives (Page 1 Only) Attn: Greg Gill

Agency Verification:

I hereby certify that the documentation listed on and/or attached to this Microfilm Submission Form is a true and an accurate reflection of the agency's status upon this date.

Authorized Signature __________________________ Date __________________________

DORES revised May 2014
INSPECTION REPORT  REEL NAME OR NUMBER ______________________

PROCESSING (pursuant to NJSA 47:3-26 and NJAC 15:3)
Density standards □ have □ have not been met
Density ______________________
Resolution standards □ have □ have not been met
Splicing standards □ have □ have not been met
Number of splicing Tab/Tapes(s) per reel: ______________________
□ Target certification standards □ have □ have not been met due to the following:
Missing Targets(s):
Beginning
□ Background Density □ Resolution Chart
□ Certificate of Authenticity □ Title Target
End
□ Camera Operator Certificate □ Resolution Chart
□ Background Density
Missing Target Information:
□ Certificate of Authenticity Signatures □ Operator Signature □ Image Count
□ Agency Name □ Reel Number □ Certification Number

CERTIFICATION
□ This certifies that the micro images contained on this reel of film are in compliance
□ This certifies that the micro images contained on this reel of film are not in compliance
□ This certifies that the micro images contained on this reel of film are not in compliance
due to missing certification number only.
Inspector’s Signature ______________________ Date ______________________

PHYSICAL AND/OR PHOTOGRAPHIC QUALITY
□ Bent Corner(s) □ Blank Film □ Blipping
□ Contraction(s) □ Exposure Under/Over □ Double Exposure and/or
and/or Stretch(es) Development Overlap(s)
□ Emulsion Problem(s) □ Document Sequence □ Finger/Hand Print(s)
□ Fog □ Folded Document □ Missing Blip(s)
□ Scratch(es)/Streak(s) □ Shutter Mark(s)

COMMENTS:

______________________________________________________________

NOTE: While the above quality defects have been noted; they have been cited for informational purposes
only as stated, in NJAC 15:3, 3-6, it is the responsibility of the requesting agency to ensure: Copies contain all
significant detail shown on the original record. Copies are usable and legible reproductions of the original
record. Reproductions will have the same acceptability and legal status as the original record.

DORES revised May 2014