

Control No. _____
Print All Information Except Where Signature Is Required

FORM A (Rule 6)

AFFIDAVIT OF CHEMIST OR CHEMICAL ANALYST

RE: Report Number _____

I, _____, am a Chemist / Chemical Analyst employed by _____, and certified by SLED as qualified to perform testing and analysis for controlled substances or other substances regulated by Title 44, Chapter 53 of the Code of Laws or Rule6-4 of the Department of Health and Environmental Control.

I have had _____ years and _____ months experience as a Chemist / Chemical Analyst. During that period, I have been qualified as an expert witness and testified in court no fewer that _____ times. I have received the following training as a Chemist / Chemical Analyst:

(List schools of courses attended; other training received; organizations and honors received.)

I certify that I tested the items listed in the above referenced report using laboratory procedures approved by SLED and that the report accurately reflects my opinion regarding the results of the test of tests performed.

Sworn before me this)	_____
_____ day of _____, 2)	(Signature of Chemist of Analyst)
)	
_____)	_____
Notary Public for South Carolina)	(Place)
)	
My Commission expires _____)	(Date)