

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

FORM B (Rule 6)

**CERTIFICATE OF PROOF OF
CHAIN OF PHYSICAL CUSTODY OR CONTROL**
(Initial Custody)

This is to certify that I _____ am employed by
(Name)
_____ and that on,
(Name of Agency or Department)

_____ 2_____, I seized from _____
(Name)

pursuant to _____
(State Whether Subject to a Warrant, Lawful Arrest or Otherwise)

at or near _____
(Place Where Seized)

the following substance(s) of container(s):
(Describe substance or container with sufficient particularity to distinguish it.)

On _____ 2_____, I made delivery of the above described substance(s) or
container(s) to _____ of
(Name)

_____ in substantially the same condition
(Law Enforcement Agency)
as when I received it.

(Signature)

(Place): _____

(Date): _____

Sworn before me this
_____ day of _____, 2_____

Notary Public for South Carolina

My Commission expires _____