

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

FORM C (Rule 6)

**CERTIFICATE OF PROOF OF
CHAIN OF PHYSICAL CUSTODY OR CONTROL**
(Subsequent Change of Custody)

This is to certify that I _____ am employed by
(Name)

_____ as
(Name of Agency or Department)

_____ and that on _____, 2____
(Capacity of Employment) (Date)

I received _____
(Specify Whether by Mail or in Person)

from _____
(Name of Person)

of _____
(Law Enforcement Agency)

the following substance(s) of container(s) which were originally seized by

(Name of Person Making Original Seizure)

(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 _____