

STATE OF MICHIGAN	CERTIFICATION OF FORENSIC ANALYSIS	CASE NO.
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CERTIFICATE

I, _____, am a forensic analyst and state the following:
Name

1. I am qualified by education, training, and experience to perform forensic analysis.

2. Forensic analysis was performed at _____,
Name of laboratory

located at _____.
Address City State Zip

3. Performing the type of forensic analysis detailed in the report is part of my regular duties as a forensic analyst.

4. The forensic tests were performed under industry-approved procedures or standards, and the forensic report accurately reflects my findings and opinion regarding the results of those tests or analysis.

Date

Signature of forensic analyst

Name (type or print)

Address

City, state, zip Telephone no.