



**Chief Financial
Officer &
State Fire Marshal
Alex Sink**

Bureau of Forensic Fire & Explosives Analysis
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EVIDENCE SUBMISSION FORM (Please complete all relevant blank areas)

<input type="checkbox"/>	New Case	BFFEA No.	
<input type="checkbox"/>	Additional Evidence	Agency No.	
Submitting Agent:		Email	
Agency:		Tel. No:	() -
Address		Cell. No.	() -
Property Owner or Occupant:			
Incident Address:			
Nature of Incident (Please describe):			Incident date:
List of Laboratory Tests (Choose one of the letter codes below to be put into the "Test Requested" column):			
(A)	<i>Determine presence/identity of ignitable liquids</i>	(V)	<i>Video/Digital Analysis</i>
(E/I)	<i>Explosives/Incendiaries/Chemicals Identification</i>	(CRB)	<i>Chemical Reaction Bomb Determination</i>
(HO)	<i>Hold only - No test requested</i>	(C)	<i>Comparison Sample</i>
(P)	<i>Latent Prints (Examination by FDLE)</i>	(O)	<i>Other requests - Explain in remarks section</i>
	List of evidence submitted (Container, content, location collected):		Test Requested
1.			
2.			
3.			
4.			
5.			
6.			
Chain of Custody (Indicate who had possession, to whom or where it was transferred, and when it was done):			
	Agent	Transfer	Date and Time
1.			
2.			
3.			
4.			
5.			
6.			
REMARKS (any specific precautions or notes concerning the evidence?):			
For BFFEA Use Only: The above item(s) were returned without analysis (see note) by: _____			
Received via:		Returned Via:	
Status:		Disposition:	