

# Florida Department of Law Enforcement Alcohol Testing Program

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## BLOOD ALCOHOL ANALYSES AFFIDAVIT

I, \_\_\_\_\_, do hereby swear or affirm that I hold a valid Florida  
(Printed name of analyst)

Department of Law Enforcement Permit to Conduct Blood Alcohol Analyses and that I analyzed  
a specimen which the record reflects was obtained from \_\_\_\_\_  
on \_\_\_\_\_ at \_\_\_\_\_. (Subject name)  
(Date) (Time)

The analyses performed were conducted in accordance with the provisions of Chapter 11D-8,  
Florida Administrative Code.

The results of the analyses were 0. \_\_\_\_\_ and 0. \_\_\_\_\_ grams of alcohol per  
100 mL of blood.

The analytical method used was: \_\_\_\_\_ Gas Chromatography

\_\_\_\_\_  
(Signature of Analyst)

## THIS AFFIDAVIT MUST BE NOTARIZED

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by  
(Month) (Year)

\_\_\_\_\_  
(Printed name of analyst making statement)

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Print, Type or Stamp Commissioned Name of Notary Public)

\_\_\_ Personally known OR \_\_\_ Produced identification

Type of identification produced: \_\_\_\_\_

NOTE: Pursuant to Chapter 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties.

*Use in accordance with Section 316.1934(5), Florida Statutes. This form may also be used in administrative proceedings pursuant to 322.2615, Florida Statutes. Forward within 5 days to the local Bureau of Driver Improvement Office, Division of Driver Licenses, Department of Highway Safety and Motor Vehicles.*