

# CLANDESTINE LABORATORY INVESTIGATING CHEMISTS ASSOCIATION

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## Instructions for Employment Re-Verification

It has come to the attention of the Membership Committee you have recently changed employers or have changed position descriptions.

Membership in the Clandestine Laboratory Investigating Chemists Association requires an active role in the investigation or analyses of suspected chemical evidence from illicit drug laboratories or both.

Please complete the attached form, sign it, scan it and attach it in an email to the Membership Secretary. Failure to provide an Employment Verification form for your current position may result in the termination of your membership with the Association.

**Be sure to include your new email address for billing and contact purposes!**

The form is Adobe Acrobat enabled. If you receive this packet via email, you can fill out the information from within Adobe Acrobat, then print the page out for signature.

For more information, please contact the Membership Secretary:

Corinna Owsley  
Membership Secretary  
ID State Police Forensic Services  
700 S Stratford Dr  
Meridian, ID 83642  
(208) 884-7181  
[corinna.owsley@isp.idaho.gov](mailto:corinna.owsley@isp.idaho.gov)

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## Employment Verification

First:		Last:		Job Title:	
Agency:					
Address:					
City:		State:	Zipcode:	Country:	
Telephone: (Include country and city codes):			Fax:		
Email (Official):					
Email (Personal for Journal access. Yahoo! email account recommended for ListServer Group site access):					

Membership Type:

Regular

I am ABC certified

Associate

Agency

(Note: If you are a Regular or Associate membership, you must attach a brief resume or curriculum vitae to support your application.)

**Please select the following statement that best describes your present employment duties:**

- I am** a law enforcement laboratory scientist currently involved in either the chemical analyses of clandestine laboratory evidence or clandestine laboratory scene response and investigation or both, and I am subject to testifying in courts of law due to my work.
- I manage**, either directly or indirectly, one or more law enforcement laboratory scientists currently involved in either the chemical analyses of clandestine laboratory evidence or clandestine laboratory scene response and investigation or both, and who are subject to testifying in courts of law due to their work.
- I am** a law enforcement laboratory scientist whose duties may require my unexpected participation in a clandestine laboratory seizure or investigation.
- I am** a sworn law enforcement officer or investigator responsible for the investigation and seizure of clandestine laboratories.
- I am** a paid law enforcement crime scene examiner.
- I am** a paid law enforcement latent fingerprint examiner.

I have read the Constitution and Bylaws of the Clandestine Laboratory Investigating Chemists Association and hereby agree to uphold them to the best of my ability. I also acknowledge the sensitive nature of the information that will be shared with and by the Association, and agree that such information will be safeguarded and used in a lawful manner.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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### Employment Verification

I hereby verify the above applicant for membership in the Clandestine Laboratory Investigating Chemists Association, is a paid full-time employee of the listed law enforcement agency or their laboratory. I further certify the investigation of clandestine laboratories is within the current job description of the applicant, and the applicant satisfies the membership requirements of the Bylaws of the Clandestine Laboratory Investigating Chemists Association.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_