USE FOR BREATH TEST



CHEMICAL TESTING WARNINGS AND REPORT OF REFUSAL TO SUBMIT TO A BREATH TEST AS AUTHORIZED BY SECTION 1547 OF THE VEHICLE CODE Forward to: Pennsylvania Department of Transportation (PennDOT) IN VIOLATION SECTION 3802 (relating to driving under the

If mailing, send to: PennDOT, Bureau of Driver Licensing, P.O. Box 60037,

nfluence	of Alcohol or C	Controlled Subst	ance)			PA 17106-003 send to: RA-F		ITREF@pa	.gov		
NAME								SEX	DATI	OF B	IRTH
FIRST		MIDDLE	LAST					MONTH	DAY	YEAR	
ADDRESS:	: A P.O. Box number may be use	ed in addition to the actual resider	nce address, but cannot be used	as the only add	dress.		CITY		STATE	ZIP C	ODE
CDL Holder	DRIVER NUMBER			STATE	CHEM T	L EST REQUEST	T DATE	SOCIA	L SECUR	ITY NUN	IBER
☐ YES	'ES				MONTH	DAY	YEAR				
□ NO											
		SECTION	ON 1547 - BF	REATH	TESTIN	IG WARN	NINGS				
otherwise impossibl of the ope	e disruptive. An offic le. You must still giv erator to sign this fo	ead all of these warn ter's duty to read the te the operator an op trm is not a refusal to ance in his/her syste	se warnings is excu portunity to take the submit to the brea	used only e breath t th test. If	in rare insta est after you the operator	nces where the finish reading was operating	ne operator's g these warn g a commerc	actions ma ings to the ial motor v	ake readir operator. ehicle wh	ng this f The ref ile havi	orm fusal
-	•	er to inform you of ring under the influen	•	ontrolled	substance in	violation of S	ection 3802 d	of the Vehic	ele Code.		
	questing that you sull test of breath.	ubmit to a chemical	test of breath. You	must suc	cessfully co	mplete two co	nsecutive br	eath samp	les in ord	ler to co	omplete
refusal, y that wou and a mi	you will be subject to uld be imposed if y inimum fine of \$1,00	and you are convicted or more severe penal rou were convicted 00.00, up to a maxim with an attorney or ar	ties set forth in Sect of driving with the um of seven years i	tion 3804(highest n jail and	c) (relating to rate of alcoh a maximum	penalties) of nol, which inc fine of \$15,00	the Vehicle (clude a minir 0.	Code. Thes num of 72	se are the consecu	same tive ho	penalt urs in j
else afte	er being provided the	ese warnings or you	remain silent when	asked to	submit to a b	reath test, you	ı will have re	fused the te	est.	-	
-	at I have READ the	e above warnings t	to the operator reg	garding t	ne suspens	on of his/ne	r operating	privilege a	ına gave	tne op	erator
	re of Officer:					Date:					
•	n advised of the ab					<i>Duto</i>			_		
Signatur	re of Operator:					Date:					
•	efused to sign, afte	-				Data					
Signatur	re of Officer					Date:			_		
Code, ar		ced under arrest for nable grounds to bel Section 3802.			f alcohol or a						
. The abov	ve operator was requ	uested to submit to a	breath test, as auth	norized by	Section 154	7 of the Vehic	cle Code.				
. The abov	ve operator was rea	d by a police officer t	the chemical test wa	arnings co	ntained in pa	aragraphs 1 th	rough 4 abov	/e.			
. The abov	ve operator refused	to submit to a breath	test after having be	en read t	he above wa	rnings.					
certify the	at all the information	on given in this for	n is true and corre	ct to the	best of my l	knowledge, ir	nformation a	nd belief.			
officer Sign	nature:			Officer	Name:						
'hone:_()	Email:			Po	lice Departme	nt Email:				
adge Num	nber:	Jurisdictio	on:								

PLEASE LIST NAME, BADGE NUMBER, AND PHONE NUMBER OF ARRESTING OFFICER IF NOT THE SAME OFFICER WHO WITNESSED THE REFUSAL:

Note: Any pertinent facts not covered by the affidavit should be submitted on a separate sheet and attached hereto. That sheet should include the names of additional witnesses necessary to prove the elements to which you have attested.

THE REFUSAL:

USE FOR BREATH TEST



CHEMICAL TESTING WARNINGS AND REPORT OF REFUSAL TO SUBMIT TO A BREATH TEST AS AUTHORIZED BY SECTION 1613 OF THE VEHICLE CODE (COMMERCIAL MOTOR VEHICLE)

Forward to: Pennsylvania Department of Transportation (PennDOT) If mailing, send to: PennDOT, Bureau of Driver Licensing, P.O. Box 60037, Harrisburg PA 17106-0037

				If emailing,	30110 10. 11/1	- BBBEOTIEN	<u> </u>			
NAME							SEX	MONTH		BIRTH
FIRST	MIDDLE	LAST	LAST					MONTH	DAY	YEAR
ADDRESS: A P.O. Box number may be used in addition to the actual residence address, but cannot t			ed as the only ad	dress.			STATE	ZIP	CODE	
CDL Holder DRIVER NUMBE	R		STATE	CHEM TI	ST REQUES	Γ DATE	SOCIA	L SECUR	ITY NUI	MBER
☐ YES				MONTH	DAY	YEAR				
□ NO										
Vas a CMV Being Driven:	-			re Hazardou			d:	(Che	ck if a	pplicat
	SECTIO	N 1613 - B	REATH	I TESTII	NG WAR	NINGS				
t is my duty as a police off	-	_								
. I am requesting that you chemical test of breath.	submit to a chemical	test of breath. Yo	u must su	ccessfully co	mplete two c	onsecutive b	reath sam _l	oles in or	der to d	omplet
. Because you were operat										
at least one year, and it of violation of Section 3802										
ously refused a chemical	test or were previousl	y convicted of drivi	ng under t	he influence,	your operatir	ng privilege w	ill be susp	ended for	up to	18 mont
If your operating privilege privilege restored. In addi										
of the Vehicle Code, then	, because of your refu	ısal, you will be su	bject to m	ore severe pe	nalties set fo	orth in Section	n 3804(c) (relating to	penal	ties) of
Vehicle Code. These are a minimum of 72 consecu										
. You have no right to spea	k with an attorney or a	nyone else before	deciding w	hether to sub	mit to testing	. If you reque	st to speak	with an a		-
else after being provided certify that I have READ t									the o	nerator
opportunity to submit to ch Signature of Officer:	emical testing.		•	•		er operating			ine o	Jerator
have been advised of the					_ 4.0					
Signature of Operator:					Date:					
Operator refused to sign, a Signature of Officer:					Date:					
NOTE TO OFFICER: The repropertunity to take the che					mit to the cl	nemical test.	You mus	t still give	e the o	perator
			AFFID							
 The above commercial mo had been operating a con 						r, had reason	able grour	ids to beli	eve tha	t the dr
2. The above commercial dri						the Vehicle (Code.			
3. The above commercial dri										
I. The above named comme				=		•				
certify that all information				•		•	belief.			
•				_						
Officer Signature:			Officer	Name:						
Phone: ()	Email:_			Po	ice Departme	ent Email:				
adge Number:	Jurisdict	on:								
failing Address:										

THIS FORM MAY BE DUPLICATED

names of additional witnesses necessary to prove the elements to which you have attested.

Note: Any pertinent facts not covered by the affidavit should be submitted on a separate sheet and attached hereto. That sheet should include the