



Division of Safety & Business Hearings
6 Empire State Plaza
Albany, NY 12228
Phone: (518) 474-1509
Fax: (518) 473-8505

DISTRIBUTION — Complete three (3) copies of this form (please print). Copies should be distributed as follows:

- one (1) copy for motorist;
one (1) copy is kept by the police officer;
mail one (1) copy to the Department of Motor Vehicles, SAFETY HEARING BUREAU, Empire State Plaza, Albany, New York 12228-0240 within 24 hours after results are available.

Form with fields for Motorist's Last Name, First, M.I., Date of Birth, Sex, Street Address, Apt. No., Client Ident. Number, City, State, Zip Code, Police Officer, Police Agency, Tax Registry Number, Police Agency Address, Telephone Number, Command #, Precinct #, Date of Detention, Location, Time, B.A.C. Level.

ATTENTION: MOTORIST

- You are required to appear in person for a hearing because your blood alcohol level indicates that you were operating a motor vehicle after consuming alcohol...
Bring this notice with you to the hearing.
If you do not personally attend the hearing, your driver license (or privilege to drive in New York State) will be immediately suspended...
VOLUNTARY WAIVER OF HEARING--You may waive the hearing by completing page 2 of this form...

ATTENTION: POLICE OFFICER

- You must bring this notice to the hearing.

Form with fields for Date of Hearing (or Waiver), Time of Hearing (A.M./P.M.), and Hearing Location.

X _____
(Signature of Police Officer)



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X (Signature of Police Officer)



Form with fields for Motorist's Last Name, First, M.I., Address, City, State, Zip Code, Date of Birth, NYS Driver License/Client ID Number, and Gender (Male/Female).

If you want to voluntarily waive the hearing, please complete this form and fax it or mail it to the address above.

- If you waive the hearing, and if you do not have a VTL Section 1192-a finding against you or any prior VTL Section 1192 conviction, your New York permit/license/driving privilege will be suspended for six months.
• If you waive the hearing and have a prior VTL Section 1192-a finding against you or a prior VTL Section 1192 conviction, your New York permit/license/driving privilege will be revoked for a minimum of 1 year.
• A waiver of this hearing does not result in a criminal conviction or a conviction for any other offense.

STATEMENT AND ADMISSION

On [Date], I was detained in the [City/Town/Village] of [Location], in the County of [County], New York by [Officer Name & Police Agency] and charged with operating a motor vehicle after consuming alcohol (person under 21), in violation of Section 1192-a of the Vehicle and Traffic Law (VTL) of the State of New York.

By signing this document, I admit to this charge and I waive my right to an administrative hearing by the Department of Motor Vehicles (DMV) to decide if my New York permit/license/driving privilege should be suspended/revoked for violating Section 1192-a of the VTL of the State of New York. As a result of this waiver, I agree to have my New York permit/license, or my privilege to drive in New York State (if not licensed in New York), suspended for 6 months. I understand that if I have a prior VTL 1192-a finding against me or a prior conviction for any subdivision of VTL Section 1192, my New York permit/license/driving privilege will be revoked for at least one year.

I understand that if my New York permit/license/driving privilege is suspended, before I can obtain another New York permit/license or have my New York driving privilege restored, I must pay the civil penalty and suspension termination fee required by law.

I understand that if my New York permit/license/driving privilege is revoked, I must pay an application fee and apply to DMV for relicensing or to have my New York State driving privilege restored.

The effective date of your suspension/revocation will be the date this waiver is postmarked or faxed to the Division of Safety and Business Hearings.

Signature of Motorist X [Signature Line] (Date)

