



**Department of
Motor Vehicles**

**NOTICE OF CHEMICAL TEST REFUSAL HEARING
PERSON UNDER AGE 21 (SECTION 1194-A OF VEHICLE & TRAFFIC LAW)**

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 the motorist;
- one (1) copy is kept by the police officer;
- **mail one (1) copy, with a copy of the Police Chemical Test Refusal Report (AA-134A), to the Department of Motor Vehicles SAFETY HEARING BUREAU, 6 Empire State Plaza, Albany, New York 12228.**

Motorist's Last Name		First	M.I.	Date of Birth (Month/Day/Year) / /		<input type="checkbox"/> Male <input type="checkbox"/> Female
Motorist's Street Address			Apt. No.	Client Ident. Number		
City		State		Zip Code		Police Officer
Police Agency		Police Telephone Number ()		Tax Registry # (NYC Only)		
Command #	Precinct #	Date of Alleged Refusal / /		Location of Refusal		

ATTENTION: MOTORIST

You are required to appear in person for a hearing (Section 1194-a of the Vehicle and Traffic Law) based on the written report of the police officer stating that you refused to submit to a chemical test for the purpose of determining the alcohol content of your blood, after being properly warned of the consequences. The hearing will determine if your driver license should be revoked.

Bring this notice with you to the hearing. You may have an attorney or other representative with you at the hearing. You should be prepared to present all evidence and witnesses in your behalf at the hearing.

If you do not appear at the scheduled hearing, your driver license (or privilege to drive in New York State if you do not live in this state) will be immediately suspended until you appear at a hearing. To reschedule the hearing, you must send a written request to the Safety Hearing Bureau (see address in the "Distribution" box above).

VOLUNTARY WAIVER OF HEARING

You may waive the hearing by completing the other side of this form and sending it to the Safety Hearing Bureau of the Department of Motor Vehicles. Note that waiving the hearing will result in a revocation of your license (or privilege) to drive in New York State for at least a year.

ATTENTION: POLICE OFFICER

You must bring this notice and a copy of the refusal report (form AA-134A) to the hearing.

Date of Hearing (or Waiver)	Time of Hearing _____ <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M.	
Hearing Location		

X _____
(Signature of Police Officer)



**Department of
Motor Vehicles**

**NOTICE OF CHEMICAL TEST REFUSAL HEARING
PERSON UNDER AGE 21 (SECTION 1194-A OF VEHICLE & TRAFFIC LAW)**

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 the motorist;
- one (1) copy is kept by the police officer;
- **mail one (1) copy, with a copy of the Police Chemical Test Refusal Report (AA-134A), to the Department of Motor Vehicles SAFETY HEARING BUREAU, 6 Empire State Plaza, Albany, New York 12228.**

Motorist's Last Name		First	M.I.	Date of Birth (Month/Day/Year) / /		<input type="checkbox"/> Male <input type="checkbox"/> Female
Motorist's Street Address			Apt. No.	Client Ident. Number		
City		State		Zip Code		Police Officer
Police Agency		Police Telephone Number ()		Tax Registry # (NYC Only)		
Command #	Precinct #	Date of Alleged Refusal / /		Location of Refusal		

ATTENTION: MOTORIST

You are required to appear in person for a hearing (Section 1194-a of the Vehicle and Traffic Law) based on the written report of the police officer stating that you refused to submit to a chemical test for the purpose of determining the alcohol content of your blood, after being properly warned of the consequences. The hearing will determine if your driver license should be revoked.

Bring this notice with you to the hearing. You may have an attorney or other representative with you at the hearing. You should be prepared to present all evidence and witnesses in your behalf at the hearing.

If you do not appear at the scheduled hearing, your driver license (or privilege to drive in New York State if you do not live in this state) will be immediately suspended until you appear at a hearing. To reschedule the hearing, you must send a written request to the Safety Hearing Bureau (see address in the "Distribution" box above).

VOLUNTARY WAIVER OF HEARING

You may waive the hearing by completing the other side of this form and sending it to the Safety Hearing Bureau of the Department of Motor Vehicles. Note that waiving the hearing will result in a revocation of your license (or privilege) to drive in New York State for at least a year.

ATTENTION: POLICE OFFICER

You must bring this notice and a copy of the refusal report (form AA-134A) to the hearing.

Date of Hearing (or Waiver)	Time of Hearing _____ <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M.	
Hearing Location		

X _____
(Signature of Police Officer)



**Department of
Motor Vehicles**

**NOTICE OF CHEMICAL TEST REFUSAL HEARING
PERSON UNDER AGE 21 (SECTION 1194-A OF VEHICLE & TRAFFIC LAW)**

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 the motorist;
- one (1) copy is kept by the police officer;
- **mail one (1) copy, with a copy of the Police Chemical Test Refusal Report (AA-134A), to the Department of Motor Vehicles SAFETY HEARING BUREAU, 6 Empire State Plaza, Albany, New York 12228.**

Motorist's Last Name		First	M.I.	Date of Birth (Month/Day/Year) / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
Motorist's Street Address			Apt. No.	Client Ident. Number	
City		State	Zip Code	Police Officer	
Police Agency		Police Telephone Number ()		Tax Registry # (NYC Only)	
Command #	Precinct #	Date of Alleged Refusal / /		Location of Refusal	

ATTENTION: MOTORIST

You are required to appear in person for a hearing (Section 1194-a of the Vehicle and Traffic Law) based on the written report of the police officer stating that you refused to submit to a chemical test for the purpose of determining the alcohol content of your blood, after being properly warned of the consequences. The hearing will determine if your driver license should be revoked.

Bring this notice with you to the hearing. You may have an attorney or other representative with you at the hearing. You should be prepared to present all evidence and witnesses in your behalf at the hearing.

If you do not appear at the scheduled hearing, your driver license (or privilege to drive in New York State if you do not live in this state) will be immediately suspended until you appear at a hearing. To reschedule the hearing, you must send a written request to the Safety Hearing Bureau (see address in the "Distribution" box above).

VOLUNTARY WAIVER OF HEARING

You may waive the hearing by completing the other side of this form and sending it to the Safety Hearing Bureau of the Department of Motor Vehicles. Note that waiving the hearing will result in a revocation of your license (or privilege) to drive in New York State for at least a year.

ATTENTION: POLICE OFFICER

You must bring this notice and a copy of the refusal report (form AA-134A) to the hearing.

Date of Hearing (or Waiver)	Time of Hearing _____ <input type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M.
Hearing Location	

X _____
(Signature of Police Officer)



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

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 checkboxes (Male/Female).

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

- If you waive the hearing, your permit/license/driving privilege will be revoked for a minimum of 1 year.
• You must pay an application fee and apply to DMV for re-licensing or to have your New York State driving privilege restored.
• 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 , in the County of , New York by (Officer Name & Police Agency)

and alleged to have refused a chemical test as described in Section 1194-a of the Vehicle and Traffic Law.

By signing this document, I admit to this chemical test refusal and I waive my right to an administrative hearing by the Department of Motor Vehicles to decide if my permit/license/driving privileges should be revoked for my refusal to submit to a chemical test.

Because of such refusal, I agree to have my New York State permit/license/(or my privilege to drive in New York State, if I am not a New York licensee) revoked.

Before I can obtain a new license (or have my driving privilege restored) I acknowledge that I must pay a \$125.00 civil penalty required by law.

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

Signature of Motorist X (Sign Name in Full) (Date)

