



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 SEX (M, F, X).

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)

