



Operator's Last Name, First, M.I., Date of Birth, Operator's Street Address, Registration or Vehicle ID Number, City, State, Zip Code, Gender checkboxes (M, F, X)

On [Date], I was arrested in the [City/Town/Village] of [County], in the County of [County], New York by [Officer's Name] of [Police Agency] on a charge of operating a snowmobile in violation of

Section 25.24 of the Parks, Recreation and Historic Preservation Law of the State of New York. It is alleged that I refused to submit to a chemical test pursuant to Section 25.24 of the Parks, Recreation and Historic Preservation Law. I was operating a snowmobile with registration or document number (if not available, give vehicle ID number): [Number].

By signing this document, I waive my right to an administrative hearing by the Department of Motor Vehicles to decide if my privilege to operate a snowmobile should be suspended for my refusal to submit to a chemical test as described above. For such refusal, I consent to the issuance of an order by the Commissioner suspending my privilege to operate a snowmobile in New York State.

I agree that, if the testimony of the arresting officer were presented at the hearing, it would establish all the required elements to prove a refusal to submit to a chemical test, as specified in Section 25.24 of the Parks, Recreation and Historic Preservation Law.

I understand that this means my privilege to operate a snowmobile in New York State will be suspended. I understand that I must pay a \$200 civil penalty required by law before I can have my operating privilege restored. However, if this is my second snowmobile-related chemical test refusal in five years, or if I have been convicted of a violation of any subdivision of Section 25.24 of the Parks, Recreation and Historic Preservation Law in the past five years, I must pay a \$500 civil penalty before I can have my operating privilege restored.

The effective date of your suspension is the postmark date of your waiver or the date that the Division of Safety and Business Hearings receives your waiver by fax.

Signature of Operator [Signature Line] Date [Date Line] (Sign Name in Full)

