



Operator's Last Name, First, M.I., Date of Birth, SEX, Operator's Street Address, Registration or Document Number or Hull ID Number, City, State, Zip Code

On / / , I was arrested in the City Town Village of , in the County of , New York by (Officer's Name) of (Police Agency) on a charge of operating a vessel in violation of Section 49-a of the Navigation Law of the State of New York. It is alleged that I refused to submit to a chemical test pursuant to Section 49-a of the Navigation Law. I was operating a vessel with registration or document number (if not available, give hull ID 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 vessel 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 vessel 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 49-a of the Navigation Law.

I understand that this means my privilege to operate a vessel 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 vessel-related chemical test refusal in five years, or if I have been convicted of a violation of any subdivision of Section 49-a of the Navigation 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 Date (Sign Name in Full)

