

AA-137W (05/22)

WAIVER OF HEARING

Division of Safety and Business Hearings 6 Empire State Plaza Albany, NY 12228

Telephone No: (518) 474-1509 Fax: (518) 473-8505

				1 1
Motorist's Address				SEX:
City	State	Zip Code	NYS Driver License/ID Number	
If you wish to waive your right to a hearing for a chemical above address as soon as you receive this notice. The effective Division of Safety and Business Hearings (fax or postma suspension/revocation at the same time as a suspension/revocation	e date of your in the date	revocation will be the cases this will make	late your it possi	waiver is received by the ble to serve a period of
On, I was arrested in the (Date)	e 🗆 C	ity 🗆 To		□ Village
of	and arraig	gned at	(Court	Name)
in the County of				
by(Officer N	lame & Police Age	encv)		
on a charge of operating a motor vehicle while under the infl and Traffic Law of the State of New York. It is alleged that the Vehicle and Traffic Law. I was driving a motor vehicle w	uence of alcol I refused to su	nol or drugs, in violati	st as desc	cribed in Section 1194 of
By signing this document, I waive my right to an administration license should be revoked for my refusal to submit to a che have my license (or driving privilege in New York State) in	mical test as c			
I agree that, if presented, the testimony of the arresting office to a chemical test, as described in Section 1194 of the Vehicle		-	nents to p	prove a refusal to submit
I understand that this means my license (or privilege of driving be issued a new license or have my driving privilege restored commercial driver license or was operating a commercial model.	ed, I must pay	a \$500 civil penalty	required	
I understand that a chemical test refusal will result in a driver installments of \$250. If I do not pay the assessment, DMV will			•	* *
If this is my second chemical test refusal in five years, or if I have Vehicle and Traffic Law within the past five years, I must pay driving privilege restored. Multiple alcohol/drug incidents (3 or restored)	a \$750 civil p	enalty before I may be	e issued a	a new license or have my
Signature of Motorist X (Si	gn Name in Full)			(Date)

dmv.ny.gov